ITCHELL F.H.P.A. HAYRE DEGRACE, MO

FOR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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SERVICE OF THE PROPERTY OF THE March Style agent & All Laurent Car a tree, is stall as an College Control of the College The same of the same of the same of with the territory of the state AND THE RESERVE AND THE RESERVE AND ADDRESS OF THE PARTY OF THE PARTY

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,		3	REGISTRAR		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	CERTIFIC	AIL OF DEATH	In DATE	REG. NO.	NTH DAY	YEAR 2b. HC	OLIB
p e	t + 3		CEASED NAME OR PRINT)	1	MIDDLE	Ba	kes	Za. DATE C	12	23	82	М
pe 4 may	79	3. SE	Female 1	4. RACE Wh	ite	5. DATE OF	30 9°	P	YEARS LAST BIRTHDA	YRS.	DAYS HOUR	DER 24 HRS
oth Pog	(MA)	7 <b>o</b> . B	RTHPLACE (STATE OR FOREIG COUNTRY) Tenn.	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED	Ho.	ore city or corford Co		ATH	MD
ol after de		10. C	TY OR TOWN OF DEATH Fallston	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) Fallston General Hospital		120 USUAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE  120. KIND OF BUSINES INDUSTRY		INESS OR		
MARYLAND 2120	filled in sould be a series of the series of	130.	aryland	ome or other institution COUNTY Harford	13t. CITY OR TOW Edgewoo	own 13d inside city lin		1	address 206 Jan	et Driv	Drive 21040	
MARYL,	ond 2 should b	14. F/	THER'S NAME FIRST  Edward	WIDDLE	Lemmer	1	5. MOTHER'S MAIDE FIRST Ma	ry	MIDDLE		fer	
BALTIMORE,	Poges 1		VAS DECEASED EVER IN U VES. NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	217-12-6		7. INFORMANT	C. Rehbe		Edgewo 6 Janet		
CORDS, 201 W. PRESTON ST.	been signed by the attending physic mit. Then please remove curbon pape prior to buriol, cremation, or removal, ony injury, or ather traumatic event, th	ATION	Conditions, if ony, wh gave rise to immedicause (a), stating underlying cause la	ote the DUE TO, O ost. (c)	OR AS A CONSEQUE	ENCE OF		TERMINAL DISEA	TOPSY? 2	ION GIVEN IN I	E FINDINGS U	
DIVISION OF VITAL RECORDS, SPITAL OR ATTENDING PHYSICIAN: The law requir	terained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit persure that state Dept. of Health and Mental Hygiene pumpoRTANT: If them 21 is marked or them 18 shows a	MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE) 218. INJURY OCCURRED WHILE NOT WHILE ALL WORK THE CONTINUE OF THE SAW THE decepted a Obove. IT I MAY did. 178. SIGN ATURE	E OF DEATH HOUR A  XAMINER)  21e PLACE (AT HOME, ST	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	arm, ETC)  ond  ond	THE HOW INJURY OF THE	oinion death accur	NO NATURE OF INJURY IN	YES O	NO PART 2)	STATE  STATE  (we) lost s stoted
0 9	Should should MAPO	230.	BURIAL, CREMATION, REM				METERY OR CREMAT	C	CATION TY OR TOWN Ockeysv	ille	Maryla	nd STATE
	H - 16 50M 4/B2 (VRA 15, 4)	24. F	uneral director Leonard J.	Ruck, Inc.			2:	O. DATE REC'D. BY		John	2 Com	if

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Avis constant	Hornight II			

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FOR

REGISTRAR

- STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes Years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19 8 2 , and that is (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED BelAir Memorial Gardens Bellowair Harford Md. STATE Dec. 24, 1982 Burial DHMH - 16 50M 4/B2 Howard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

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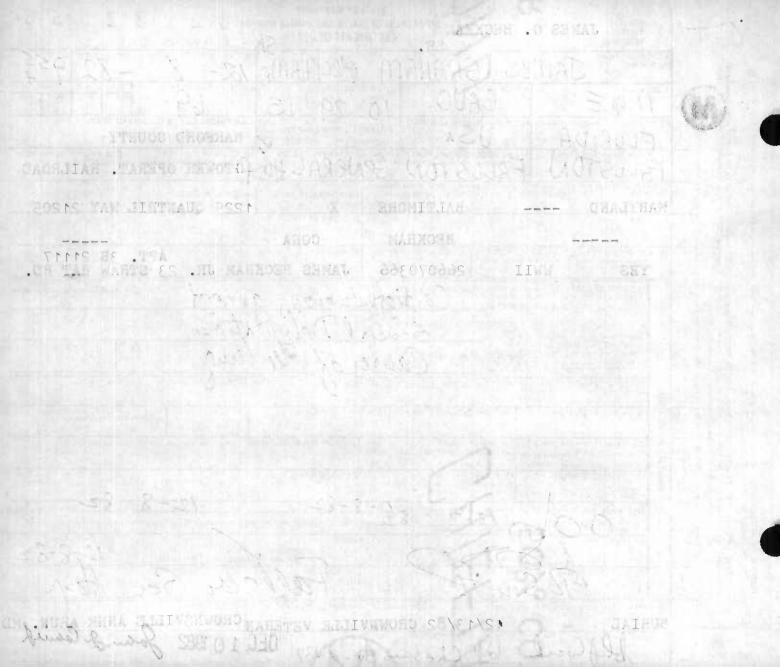
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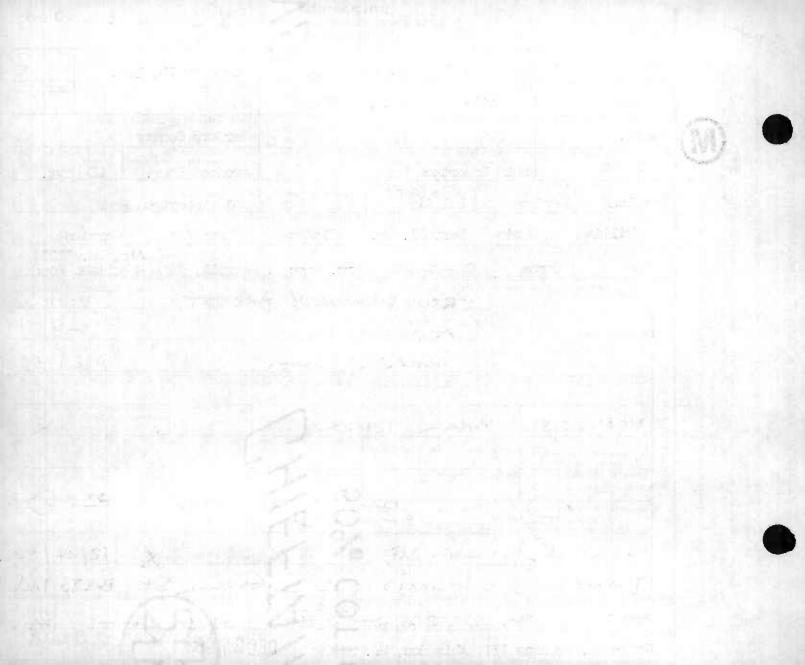
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	1.	FOR STATE		DEPART		IEALTH AND MENTAL H	YGIENE 8 2	5	2 5	5 2
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pag pag	3. SE		4. RACE	Henry	5. DATE		6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HR
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00	5	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A		WIDOW			OR COUNTY O	OF DEATH	٨
10.19	HA	URE de JRACE	(IF NOT IN SU	CH FACILITY, GIVE STREE	Mem !	WIAL Hospitz	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST Labor		126. KIND OF INDUSTRY Ret	
filled in the board be	13a :		NTY C11	13t. CITY OR TO	WN		180 Waible			
120020	14. FA	Albert	WIDOLE	Barrett		15. MOTHER'S MAIDEN N Lillian	WIDDLE		Nick.	le
Poges Poges		VAS DECEASED EVER IN U.S. AI yes, no or unknown) (IF yes, G No	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC		Mrs. Stuart	Baugher Ri			ATE INTERVAL
that the death certified by the ottending physose remove corben post remotion, or serior rather troumotic event		PART I. DEATH WAS CAUS 1519 IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	OR AS A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF			2 condact	_	41	marity
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The Lion.	E		THE				YES NO	YES		NO 🗌
g physic g physic gertificot riol-front sental Hyg tem 18 s		21g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	Ain		DAY YEAR	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAR	TTORPART2)	
attending of the state of the s	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE	FARM, ETC )	211. LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
spitol or Spitol or CTOR: A for use of Health		226.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	12-	9 19		nd that in (my) (our) apinion	on death occurred on the c		87 th	
AL OR A the hor AL DIRECTOR detoched ate Dept. IT. If Herr		22b. SIGNATURE	dmm		72	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN []	12 DATE S	-16 - 8
etoined by the		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	D (Is	hak	220 ADDRESS	main am	Han D	e jac	2924
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	12-10-	23(.	NAME OF	EMETERY OR CREMATOR		on Nei	w Caste	el Del
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR	odie I	AOOREGS		rook Cremate	ATEREC'D. BY REGISTRAL	25b. REGISTRA	AR'S SIGNATU	RE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15, 4)



FOR 1 - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 3	2 3 5 5
1. DECEASED NAM	AE FIRST MIDDLE FRANZISKA HILDEGARD	BOPPE	20. DATE OF DEATH MONTH	20 82 1:45 P
3. SEX Female	4 RACE White	5. DATE OF BIRTH  MONTH  7  16  1875	6. AGE (IN YEARS LAST BIRTHDAY)  107 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (COUNTRY)			9. BALTIMORE CITY OR COUNTY	
10 CITY OR TOWN HAVRE DI	OF DEATH 11. NAME OF HOSPITAL	, NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS! RSING HOME	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY Restaurant
Paryland State Maryland State Maryla	d Harford Have  MIDDLE  Rudoly ED EVER IN U.S. ARMED FORCES?   166 SOC	OR TOWN  13d. INSIDE CITY LIMITS?  Pe de GraceYES  NO   15. MOTHER'S MAIDEN N  FIRST	AME	ket Street 21078 Unknown 21047
DE OF THE PROPERTY OF THE PROP			trom, 3 Upland Rd	Fallston, Md
Conditions, government of the offending place remove corporation of the control o	if any, which to immediate stating the cause lost.    DUE TO, OR AS A CO	ONSEQUENCE OF		VEN IN PART I I a
IN DATE OF	OPERATION 196. CONDITION FO	R WHICH OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTE	T WAS UNDERLYING THE OF INJURY HOUR A.M. MO DIFFY MEDICAL EXAMINER)  7 THE OF INJURY HOUR A.M. MO	NTH DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)
S WHILE WHILE	OCCURRED  NOT WHILE AT WORK  210. PLACE OF INJUR (AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
Sow the above,	that (I) (this hoppital) attended the decease e deceased alive an IDLC 5 (I) (wild id) (did not) view the bady ofter dea	19 32, and that in (my) Lapinio	n death occurred on the date and ha	. 19
3	Dolumett de 11 IAN'S NAME (TYPE OR PRINT)	MIL ATTENDING	DIRECTOR PHYSICIAN	12-21-82
wPORT	B.J. Plunkett, Jr. M	.D. 617 W. Bel	Air Ave. Aberde	en, Md. 21001
230. BURIAL, CREM (SPECIFY)  Bur  24 FUNERAL DIRE		230 NAME OF CEMETERY OR CREMATORY Harford Mem. Garden	Aberdeen R.B.	
OM 4/82 NAME	Funeral Home, P.A., Abo	ADDRESS erdeen, Md 21001-3399	EC 271982 Joa	I Coming

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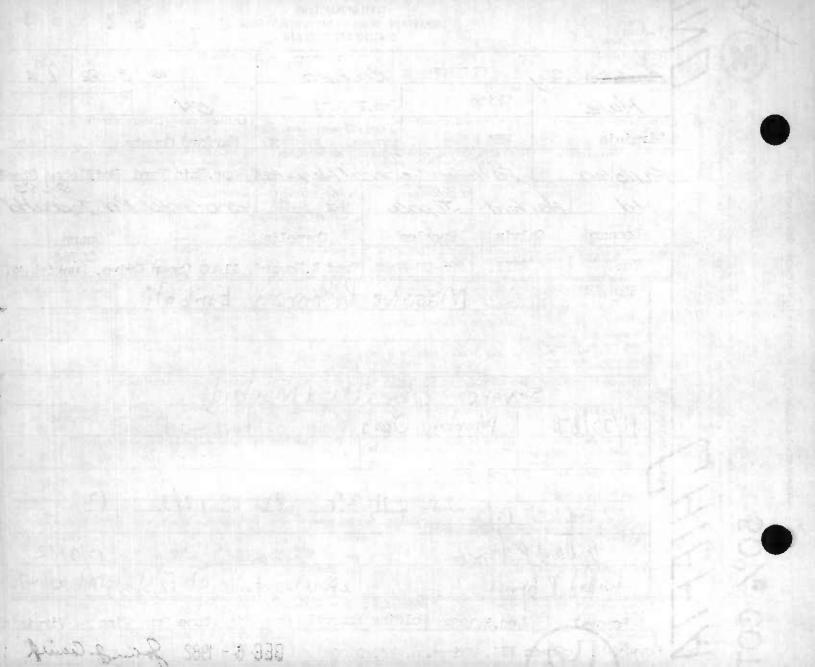
	1	1 -	1 - FOR 12/29/82 kam DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 2 3 2 3 5 CERTIFICATE OF DEATH							
2 1			CEASED NAME FIRS	-1	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOURS		
pog r des		3. SE	705	4. RACE	5. D	ATE OF BIRTH 1010	December 6. AGE IN YEARS LAST BIRT			
4 6	1		Male	BJ.ac		ATE OF BIRTH 1919EAR 19 1919EAR 19 1917	6E 63	VRS.		
Meoth. Pog	R	7a. BII	RTHPLACE (STATE OR FOREIG OUNTRY)  Marvland		DE WHAT COUNTRY? B. MA	RRIED NEVER MARRIED	9. BALTIMORE CHTY O	R COUNTY OF DEATH		
9 93	Fied	10,CI	TY OR TOWN OF DEATH			ME OR OTHER INSTITUTION	128. USUAL OCCUPATION	ON 126. KIND OF BUSINESS C		
	5010		ire de Grace	Hor	ford Mem	Hospital	Supervisor			
ed within 24 hours impleiely Hilled in by	33	139.5	TATE 136.	OME OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFORE ADMISS	YES ER NO		more Street 21001		
thin 1	1-1	_	THER'S NAME	MEDIA	LAST	15. MOTHER'S MAIDEN >	NAME MODIE	MOTE SOTCES 21001		
b de p	14	R	obert	-	Bowser	Caroline		Monks		
ote be execut	decol		AS DECEASED EVER IN U.	S. ARMED FORCES		A CONTRACTOR OF THE PARTY OF TH	ADDRE	aryland 21001		
9 6	1/	Y	CENTER CONTRACTOR STATE OF THE	W-II	211-12-3568	Nancy W. Bow	ser, 13h Balt	Lmore St. Aberdeen		
2 FEE						V	/			
equires that the death or n signed by the attendar Then please sense care r to burial cremistion, or	injury, ar other	NOI	PART 2. OTHER SIGNIFIC	(c)	175 W	BUT NOT RELATED TO THE TE	rminal disease or coni	DITION GIVEN IN PART To		
es that t ned by the please	No san	TIFICATION	underlying couse lo	ANT CONDITIONS	175 W	THE RESIDENCE	RMINAL DISEASE OR CONI	DITION GIVEN IN PART 1:0  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
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OR ATTENDING PHYSICIAN: The low requires that it is hospital or attending physicion.  JIRECTOR: After this certificate has been signed by the ded for use as the buriol-transit permit. Then please begin of Health and Mental Hygiere prior to burial grands.	Item 21 is marked or Item 18 shows any	_	PART 2. OTHER SIGNIFIC  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE 1/# EITHER, NOTIFY MEDICAL EX.  210. INJURY OCCURRED  AT WORK NOTIFY MEDICAL EX.  220. I certify that (1) (this sow the decegled oil above, (1) have redicted in 22b. SIGNATURE  220. PHYSICIAN'S NAME	ANT CONDITIONS  19b. CON	CONTRIBUTING TO DEATH NOTION FOR WHICH OPER E OF INJURY A.M. MONTH DAY Y P.M. CE OF INJURY STREET, FACTORY, OFFICE, FARM, ET	216. HOW INJURY OCCU	20a AUTOPSY?  YES NO URRED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
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120		1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1)	2 2 7
	X	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	0 0 1
	P	1. DE	CEASED NAME FIRST C RAIG	O II I BROLDAI OF ESTI-	DAY YEAR 26. HOUR
	NEET STATES	3. SEX	14. RACE IS. DATE	OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS. 26. DATE MONTH	DAY YEAR 2d. HOUR
	200		M W MONTH	DAY YEAR LAST BIRTHDAY) MONTHS DAYS WOULDS WILL PRONOLINGED	20 19 82 1:21 M
•	NA NA	70 B	RTHPLACE (STATE OR MD. 76. CITIZ REIGN COUNTRY) HEVE de greet	ZEN OF WHAT COUNTRY?  USA  WIDOWED DIVORCED HARFORD  **BALTIMORE CITY OR COUNTY  HARFORD	OF DEATH MD.
	PAGE SETTED	CH		ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OT IN SUCH FACILITY, GRYSTIREET ADDRESS)  FOR MOST OF WORKING LIFE;  FOR MOST OF WORKING LIFE;  STUDENT	b. KIND OF BUSINESS OR INDUSTRY
21201	AND 3 TO RETAIN P HOUID BE RECORDS	13a. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTALL IN TATE Md. 13b. EDUNTY HARFOR	ISTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
MD.	AGES 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	14 F/	THER'S NAME FIRST MIDDLE	15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
ORE	FORM PM FORM FORM FORM FORM FORM FORM FORM FOR	160. V	LIFFORD LEI		VER
BALTIMORE, MD. 21201	JRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DAT	213-90-7064 PATRICIA BROGHIV S	SAME
	24 HOUR ITEM 18. IONG W PERMIT. SIENE, DI VAL.		18 CAUSE OF DEATH (Enter only one cou PART I DEATH WAS CAUSED BY:	MILLET PLE LOUVED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST.	N 24 HO N ITEM 1 ALONG SIT PERM 1YGIENE AOVAL.	1>		DUE TO, OR AS A CONSEQUENCE OF	
7. PR	WITHI NCIL INER IRANS	-	Conditions, if any, which gave rise to immediate cause (a) stating the under-	(b) Cai accident	
201 W	EXECUTED WITHING." IN PENCIL ICAL EXAMINER A BURIAL - TRANS H AND MENTAL HAND		lying cause last.	UE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS,	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR TING THE WORD "PENDING" IN PENCIL IN ITEM 18. PED TO THE CHIEF MEDICAL EXAMINER ALONG W. 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. DEPARTAMENT OF HEALTH AND MENIAL HYGIENE, DI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a.	
IL REC	SHOULD E CHIEF ME E USED A URIAL, CR	CERTIFICATION	190 DATE OF OPERATION 19	96. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
VITA	WORD "P WORD "P HE CHIEF D BE USED ENT OF HE	RTIF	210 EXTERNAL CAUSE WAS 21	1b. TIME OF INJURY 21s. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	YES NO
IO NO	CERTIFICATE WITING THE WOLD TO THE SAHOULD B DEPARTMEN I PRIOR TO B			HOUR A.M. MONTH DAY YEAR P.M. 19	
DIVISIO	SAR RES	MEDICAL		THE PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f LOCATION STREET, FACTORY, FARM, ETC.)  COUNT	Y STATE
	MINER: THE FIGURE OF THE STATE		22a I certify that I taak charge of the re	remains described above, held on Autapsy . Inspection . Inquiry . and in my apini	an
			death resulted fram: Natural causes		
	ALDICE MAN		ACTUAL SIGNATURE E	M.D. Derelly MEDICAL EXAMINER SIGNED.	12-20-82
	TO MEDICAL EXAM EXECUTE THE CERTIFIED PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH BALTIMORE, MARYD		EXAMINER'S NAME (TYPE OR PRINT)	E RENJEL ADDRESS 464 allique ST HE	ue les
		23a.B	URIAL, CREMATION, REMOVAL 236. DATE (PECIFY) BURIAL DEC.	23 1982 Mt. ERIW CEM. HILLER GROEF H	extent "ht
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				STATE	OF MARTLAND			1017	- 10	Ca
1.			DEPART			HYGIENE &	3 2	5 2	5 3	3
I DE		FIRST CITY	MIDDLE	L/	SI DITONI I	2n DATE		TH DAY YEA	R I2h HOL	IR.
	OR PRINTS	GUY		a	BUCKLES, S	Sr			14.	
2 55			TITIOND	IL DATE O	CHOCO	A AGE			EAR IFUNDE	A M
3. SE	Maje		9			e. AGE	54	MONTHS D		MIN.
7a. B		REIGN 76. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTI	MORE CITY OR CO		Н	
V	irginia	USA		WIDOWE	DIVORCED 2				, MD.	
10 C	ITY OR TOWN OF DEAT				ROTHER INSTITUTION			12b. KIN	D OF BUSIN	ESS OR
F	Moton	Fall.	sten Be	nen	2/ Hospin					Stee
			131. ZTLOSTOW	ADMISSION)	134. INSIDE CITY LIMITS	?   13e. STRE	ET ADDRESS		210	85
_/	Md	Harford	Topo	2	YES 🙀 NO	02	20 Conte	e Rd	Tom	2/6
14. FA	FIRST	MIDDLE	LAST		FIRST		MIDDLE	TO THE STATE OF	LAST	
	Leonard	Calvin	Buckle	S	Corneli	ia		Sr	napp	
160 V	VAS DECEASED EVER IN	U.S. ARMED FORCES?			17. INFORMANT			2	20754	
	Yes	WWII	225–30–8	3040	Fred R. Howa	ard, 11	903 Crown	Drive,	Dunki	
	18 CAUSE OF DEATH	(Enter only one couse per	line (b) (a), (b), an	dicii	0.	t	= 1	¥ BETW	ROXIMATE INTE	RVAL
			11/927	SVICE	Mongo	ty E	-mpo1	1		
	2100	DUE TO, O	R AS A CONSEQUI	ENCE OF		1				
		which ( (b)								
			R AS A CONSEQU	ENCE OF						
	underlying couse	lost.		4-24		3776				
7	PART 2. OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DIS	ASPOR CONDITIO	ON GIVEN IN PAR	T 1(o·	
TIO		26 NOLE	$\mathcal{E}$	nes	11 / (M)	1010	0)			
FICA	190. DATE OF OPERATIO	ON 196. COND	-2/2/1	OPERATION	MASPERFORMED	20a A	IN.	CERTIFYING CAU	SES OF DEA	TH?
RTI	11/30/0	L   V	-1010	OBY 3	1 //	140		YES	NO [	
				AY YEAR	ZIE 90W INJURY OCC	LUKKED [ENT	R NATURE OF INJURY IN I	TEM TB PART I OR PART	2)	
ICA	(IF EITHER, NOTIFY MEDICA	LEXAMINER) P.		19	, , , , , , , , , , , , , , , , , , ,					
MED		(AT HOME, STI		ARM ETC }	STREET		CITY OR TOWN	COUNTY		STATE
-	AT WORK AT WORK			11/	29 0	4	19/3	15		
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	obove, (I) (we) (dic	olive on d) (did not) view the body				ion death acc	urred on the date o			
18	276. SIGNATURE	10/1		ĺ		0 415010	67.455	22c. D	ATE SIGNED	
	Mull	war Im	00		PHYSICIAL	DIRECT	OR PHYSICIAN	0 12	43/8.	_
	226. PHYSICIAN'S MAN	ME (TYPE OR PRINT)			220. ADDRESS	1 .11	61 [	11 m	1 -	1117
	Willard	Blood . I			2404 pleas	ollivine	Rd Tal	12/20 111	M SU	٠٠ + ١٠
		EMOVAL 23b. DATE						COLLEGE		STATE
		Dec.3.	1982 Hol	ding	Funeral Hom	e Big	Stone Ga	p Wise	Vir	gini
	UNERAL DIRECTOR					DATE REC'D.	BY REGISTRAR 25b.	REGISTRAR'S SIG	NATURE	
TY	OWO NO V Ma	Comog TTT	Abinadas	1/12	000 1	LI A.	- 1000	40 9	(44.0)	
	1. DE (TYPH)  3. SE  70. 8  V-  10 C  114. F/  1230. 1  24. F	- STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  70. BIRTHPLACE (STATE OR FO VITTINIA  10. CITY OR TOWN OF DEAT  130. STATE  14. FATHER'S NAME LEONARD  14. FATHER'S NAME LEONARD  16. WAS DECEASED EVER IN (YES YOU UNKNOWN)  18. CAUSE OF DEATH PART I. DEATH WAS  19. DATE OF DEATH PART I. DEATH WAS UNDER  19. DATE OF OPERATIR  190. DATE OF OPERATIR  210. IN JURY OCCURRE  211. IN JURY OCCURRE  212. I CERTIFY MEDICA  220. I CERTIFY MOTOR  220. I CERTIFY MOTOR  220. I CERTIFY MOTOR  220. I CERTIFY MOTOR  220. SIGNATURE  220. BURIAL, CREMATION, R (SPECIFY)  REMOVA  24. FUNERAL DIRECTOR	TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF VITGINIA USA  10. CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN SULT FIRST COUNTY)  14. FATHER'S NAME FIRST LEONARD (IF NOT IN SULT FIRST COUNTY)  14. FATHER'S NAME FIRST LEONARD (IF NOT IN SULT FIRST COUNTY)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES YOU UNKNOWN) (IF YES, GIVE WITGIN FOR COUSE (O) DUE TO, O CONTINUITY COUSE (O) STOTING THE UNDERLYING DUE TO, O CONTRIBUTING COUSE (O) STOTING THE UNDERLYING DUE TO, O CONTRIBUTING COUSE (O) STOTING THE UNDERLYING DEATH (IF EITHER NOT EY MEDICAL EXAMINER)  170. DATE OF OPERATION 190. CONDITIONS COUSE (O) TORONOWN (IF EITHER NOT EY MEDICAL EXAMINER)  210. NOT WHILE AT WORK NOT WHILE AT WORK AT WO	1. DECEASED NAME  I. DECEASED NAME  I. DECEASED NAME  I. THE REGISTRAR  I. DECEASED NAME  I. RACE  White  I. RACE  White  I. RACE  What of Hospital, Nursing  I. RAME of Hospital, Nursing  I. REGIST  I. RAME of Hospital, Nursing  I. REGIST NAME  I. RAME of Hospital, Nursing  I. REGIST  I. RAME of Hospital, Nursing  I. Rame of I. Rame  I. RAME of Hospital, Nursing  I. Rame of I. Rame  I. RAME of Hospital, Nursing  I. Rame of I. Rame  I. RAME of Hospital, Nursing  I. Rame of I. Rame  I. Rame  I. Rame  I. Rame of I. Rame  I. Ra	TO STATE  REGISTRAR  I. DECEASED NAME (TIVE DR PRINT)  A. RACE (TIVE DR PRINT)  A. RACE White  Jan. 1  78. BIRTHPLACE (STATE OR FOREIGN VIrginia)  II. NAME OF HOSPITAL, NURSING HOME OF COUNTRY?  B. MARRIED WIDOWEI  III. NAME OF HOSPITAL, NURSING HOME OF CITE INSTITUTION OF VESTER ADMISSION  III. FATHER'S NAME  LEONARD  III. SALE ADDLE  III. SAL	TSATE REGISTAR  I. DECEASED NAME  (INTO OR PINN)  J. SEX  J. BURTHPLACE (STATE OF FOREIGN White Jan. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN White Jan. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN White Jan. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN White Jan. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN White Jan. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN White Jan. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN White Jan. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN White Jan. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN White Jan. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN White Jan. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE JAN. 10, 1928  J. BURTHPLACE (STATE OF FOREIGN WHITE JAN. 10, 1928  J. BURTHPLACE JAN. 10, 1928  J	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  I. DECEASED NAME  I. DECEASED NAME  I. DECEASED NAME  I. DECEASED NAME  I. RACE  White  J. DATE OF BIRTH  Jan. 10, 1928  I. RACE  White  J. DATE OF BIRTH  Jan. 10, 1928  I. RACE  White  J. DATE OF BIRTH  Jan. 10, 1928  I. RACE  White  J. DATE OF BIRTH  Jan. 10, 1928  I. RACE  White  J. DATE OF BIRTH  Jan. 10, 1928  I. RACE  White  J. DATE OF BIRTH  J. DATE OF BI	FOR   STATE   CENTIFICATE OF HEALTH AND MENTAL HYGIENE   B   CENTIFICATE OF DEATH   REGISTRAR   REGI	PERFORMENT   PROJECT   P	DEPARTMENT OF HEALTH AND MENTAL NYGERE  STATE OF STATE  CERTIFICATE OF DEATH  COLUMN OF DEATH  CONTROL  CONTR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 2a. DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) BURKTMS T.AWRENCE December 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Male White YRS BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY COUNTRY MARRIED NEVER MARRIED WIDOWED TO Harford Pennsylvania 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY U.S. Retired Govit Aberdeen Montreal Drive USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 21001 Harford 1115 Montreal Drive Aberdeen Marvland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Burkins Magdalina Herman John ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Maryland 21014 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-28-01 Corbin. 1101 Leeswood Rd., Bel Air APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b)
PART I. DEATH WAS CAUSED BY: YRS IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying last. cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO |

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

211 LOCATION

ATTENDING

PHYSICIAN

DIRECTOR PHYSICIAN

STATE

12-17-82

CITY OF TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM, ETC 1 STREET WHILE NOT WHILE JUNA 13 22a.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive an. and that in (my) (ook) opinion death occurred on the date and have and from the causes stated abave, (1) (ke) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Bel Air, Ave., Aberdeen, Md. 21001 B.J. Plunkett. Jr.

23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY)

Harford Maryland Air Mem. Gardens Bel Air Burial 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 25 PEGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

21d INJURY OCCURRED

Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3

21e PLACE OF INJURY

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V		1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		3 0 0
	-	I. DEG	EASED NAME FIRST	MIDDLE	LAST	REG. NO.  1 20. DATE OF DEATH MONTH DAY YE	EAR 2b. HOUR
	£/128		OR PRINT)	le A.	Carr	Dec. 15 79	182 5:45 P
	A STATE OF THE PARTY OF THE PAR	3. SE		4. RACE White	S. DATE OF BIRTH  June 9, 1898	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1	DAYS HOURS MIN.
	direct ours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY OF DEA	TH
	meral of the state		aryland	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Harford	MD.
10	of the full led with	14	VRe de Grace	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) ADDRESS) ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF YORKING LIFE) INDUS	IND OF BUSINESS OR STRY
2120	De in be in	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	the second appears	
AND	filled hould	100	anyland (ec	il 136. CITY OR TOV		308 Eleton Blvd.	
RYL	day 32.5	0	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
MA	po du o	_	ddison	Atkinso		Pierce	
BALTIMORE	xecu ges ges		(AS DECEASED EVER IN U.S. AR	VE WAR OR DATES!		ADDRESS	
TIM	S. Po	1	0	216-38-	2999   Robert A. (1	arr 1661 Elk Forrest	PROXIMATE INTERVAL WEEN ONSET AND DEATH
RDS, 201 W. PRESTON S	equires that the death cert is signed by the ottending. Then please remove corbo to burial, cremation, ar re injury, or other troumotice.	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS ACONSEOU	phice of confiness	on fraction AINAL DISEASE OR CONDITION GIVEN IN PA	RT lia
L RECORDS,	on. has been prioring the permit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE F IN CERTIFYING CA	SINDINGS USED
JF VITA	R Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	- Inch
DIVISION OF VITAL	PHYS tending this of the bur and Me	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19 211 LOCATION FARM. ETC.) STREET	CITY OR TOWN COUN	ATY STATE
NIG	NDING Poster of the state of th		22a.l certify that (I) (this hasp	ital) attended the deceased fram.	19 8	Zio Dec 19 1	that (l) (we) last
	TTP pite for 12		saw the deceased alive ar above, (I) Aye) (did) (did no	n 19_	ond that in (my) (aur) apinian	death occurred an the date and hour and from	m the causes stated
	AL OR A the has AL DIREC detached are Dept. T. If frem		226. SIGNATURE	Lee	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	2/15/03
	TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I IMPORTANT: IF		22d. PHYSICIAN'S NAME (THE	Lee.	Man A	net climic, Ha	16
	5 to 5 to 3 to 3	23a. E	URIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION COUNTY	T.A.Y.F.
	BP		Burial	Dec. 19, 1982	Gilpin Manor Mem 1	Palah Elletan ( 1	Manuland
	DHMH - 16 50M 4/82		INERAL DIRECTOR	1)	59 Cast Main 31 250. DA	E REC'D. BY REGISTRAR 2 15 REGISTRAR'S SIG	GNATURE
	(VRA 15, 4)	1 4	ee tunerat tom	2 Le	Uxton, Md. DE	C 2 1 1982 John J	Lamery

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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THE RESIDENCE OF SHIP WAS CONTINUED IN COLUMN TO		

XX	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MAKTLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	3 2	2 3 6	3
bge 3	(TYP	CEASED NAME FIRST		WIDDIE	Der	1 Nge/15	Dec	MONTH DAY	YEAR 26 HOUR 82 12	PN
(A)	3. SE	MALE		White	5. DATE O		6 AGE (IN YEARS LAST BIR	YRS.		MIN.
39	7 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN O	F WHAT COUNTRY	MARRIE	D MEVER MARRIED	9. BALTIMORE CITY O		DEATH	
s ofter by the filed with	10 C	Italy ITY OR TOWN OF DEATH AURE DE GRAN		F HOSPITAL, NURSI		DR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF Retired	OF WORKING LIFE) IN	B. KIND OF BUSINES	
24 hours	130.		NE OR OTHER INSTITUTION OUNTY	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	r Road	21001	
within within d 2 sh		ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAMERIEST		Litoau	LAST	
e executed on compile Pages on an amedical executed	16a \	changelo WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN)	. ARMED FORCES?	DeAngeli 166 SOCIAL SEC	S URITY NO.	Carmela 17 INFORMANT	ADDR	Mil ESS	lefiori 210	07
certificate be exing physician or bonpopers. Pagricenter remayol.	Ye		W-II	011-14-		Ida DeAngelis	k725 Tower	r Road, A		d
quires that the death signed by the ottend hen please remove co to burial, cremation, o hiury, or other troumot	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICA	(b)_ DUE TO, (c)_	OR AS A CONSEQUE	JENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	J PART 1 a	
The low rection. The six permit. I giene prior	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		RE FINDINGS USED CAUSES OF DEATH	
SICIAN: T ng physici certificate uriol-tronsi tentol Hygi		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)	
or attending After this ce os the bury of the ond Memorked or the morked	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TO	wn C	COUNTY STA	ATE
ATTENDIN cospital or EECTOR: Af ed for use of or. of Heolt		22a I certify that (I) (this h saw the deceased aliv above (I) (we) (did) (di 22b. Har TURE	on	19_	/2	nd that in (my) (aur) apinion		ate and haur and	that (I) (well from the causes state 22c. DATE SIGNED	,
ERAL DIR		SAUC MA HYSICIAN'S NAME I	2 yr	us		ATTENDING PHYSICIAN	MEDICAL STA	FF	THE STORES	
TO HOSPITA retoined by Should be de with the Stoll IMPORTANT		/- JOUN.	Diy	IN		Hawe	de grac	e, M	el	
BP	23a	BURIAL, CREMATION, REMO (SPECIFY)  Burial		.0/82 Be		Mem. Gardens	23d OCATION CITY OR TOWN Bel Air	Harford	Marylan	ATE d
DHMH - 16 50M 4/82		UNERAL DIRECTOR				25g DAT	C 1 0 1982 RAR	29 REGISTRAN	LSIESAUBELA	

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	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	3 2 3	6 4
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the Poge 4		Female  RTHPLACE I STATE OR FOREIGN 76.	Black CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	11100-	YRS. PROUNTY OF DEATH	HOURS MIN.
rs ofter deat	10. C	TY OR TOWN OF DEATH 11	UF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED DIVO	120. USUAL OCCUPATI		BUSINESS OR
in 24 hours ly filled in b should be fi	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFO	READMISSION) 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	Hery Dr	
complete	160 V	AMUS DECEASED EVER IN U.S. ARME	DE LAST DE PORCES? 166. SOCIAL SEC	15. MOTHER'S MAIDEN N FIRST  AUX 2  URITY NO. 17. INFORMANT	AME MIDDLE ADDRE	102//s	NMS
icote be exec hysicion and copers. Pages oval.	{/	(ES NO ORLYNKNOWN) (IF YES, GIVE W	2/5-32-	2556 Hongo Den	NEON 5	Same a bou	ATE INTERVAL NSET AND DEATH
that the death certifice d by the ottending phy lease remove corbonpo ial, cremation, or remov or other traumatic event		PART I. DEATH WAS CAUSED BY MMEDIATE COMMEDIATE COMME	DUE TO, OR AS A CONSEQUENCE (c)	THE MYOU	audial -	Franch	<u></u>
ow requires been signe rmit. Then pi prior to bur ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT COI		DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY?	DITION GIVEN IN PART 1:0  20b. IF YES, WERE FINDING IN CERTIFYING CAUSES C	
physicion.  Tificote hos al-tronsit per fol Hygiene m 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH (	21c. HOW INJURY OCCU	YES NO	YES 🗍	NO 🗆
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OR ATTENDIN he hospitol or of DIRECTOR: Aft oched for use or Dept. of Health		22e.1 certify that (1) (this hospital) sow the deceased alive on obove, (1) (we) (did) (did not) v 721 SIGNATURE	14 101	7 19 2 2 , and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	/	ate and hour and fram the co	-
TO HOSPITAL eloined by the TO FUNERAL should be detunited to the March To Funeral March To Funeral To Funera To Funer		TO PHYSICIAN'S NAME CTYPE OR PR	honok	1 PAVIL	de Grove	and He	178
BP	L	BURIAL, CREMATION, REMOVAL SPECIFY) UNERAL DIRECTOR	23b. DATE 23c. 12-23-82 3.	NAME OF CEMETERY OR CREMATORY  7. Samus AME  250, D	23d LOCATION CITY OF TOWN ATE REC'D. BY REGISTRAR	COUNTY COUNTY REGISTRAL USUS	STATE
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STATE OF MARYLAND

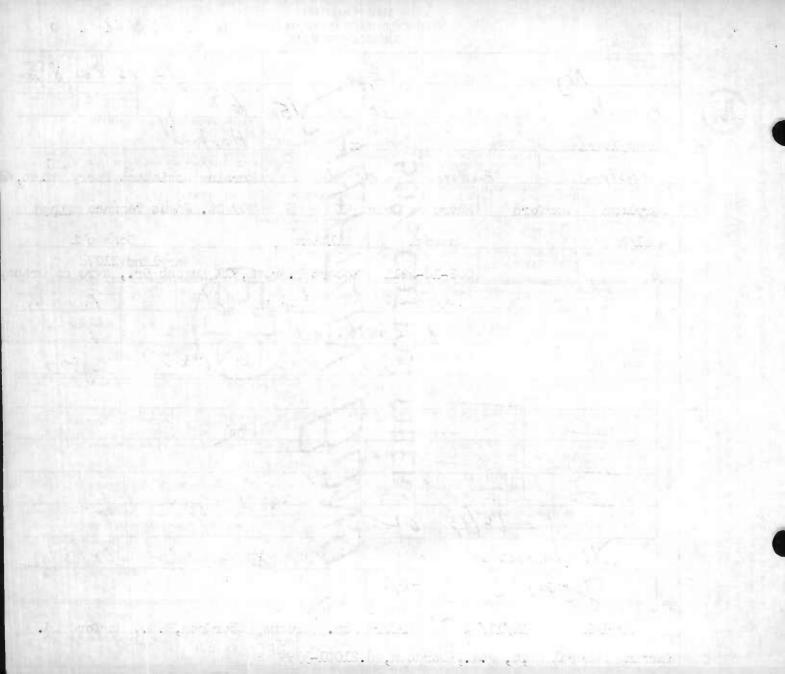
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8 8	3. SE		rd Dona	5. DATE	OF BIRTH	6. AGE I IN YEARS LAST BIRT		R IF UNDER 21 MRS
1		Male	white	Jan.	2, 1921 YEAR	61	YRS. MONTHS DAYS	HOURS MIN.
116	De.	RTHPLACE ISTATE OR FOREIGN OUNTRY) Laware	76. CITIZEN OF WHAT COU USA	MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	. MD
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME		120 USUAL OCCUPATION	ON 125. KIND ( WORKING LIFE) INDUSTRY	OF BUSINESS OR
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icol		VAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDRES	22	1037
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noval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a). ED BY:		Myocardi:	il infaret		COLLAND DEATH
or rer		4100 IMMEDIA	TE CAUSE (o)	icconcinct of	-0	1		0
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ther tro		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	ISEQUENCE OF	J			
en pleas burial, ury, ar a	7	PART 2 OTHER SIGNIFICANT	( (c)CONTRIBUTIONS CONTRIBUTIONS	IG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART 1	10
any in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR			20a AUTOPSY?	20b. IF YES, WERE FINDS	INGS USED
giene	TIF	12/23/82	oeclesion	of Jenna	val axley Rt.	YES X NO	YES 📉	NO [
Hyg 18 st		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	- 110110 1 11 110117	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
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olth and M marked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21s. PLACE OF INJURY LAT HOME, STREET, FACTORY	OFFICE, FARM, ETC )	211. LOCATION STREET	CITY OR TOV	NN COUNTY	STATE
s moi		220.1 certify that (I) (this hosp			15 , 19 92	, to	- 28, 19.82	, that (I) (we) lost
of H		sow the deceased alive on above, (1) (we) (did) (did no	12 = 28 at) view the body ofter death	19_800,0	nd that in (my) (aur) opinion	death occurred on the do	te and hour and fram the	e couses stoted
F hem		22b. SIGNATURE	ms		DEGREE ATTENDING	MEDICAL STAF		ESIGNED
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with the State		M- 8:	BEANA, MA		6155. cu	us h are.	Holf , M	rel .210 %
od ¥		Burial, cremation, removal Burial	Dec. 31, 1982		Mom Gardons	Aldino	Harford	Md. STATE
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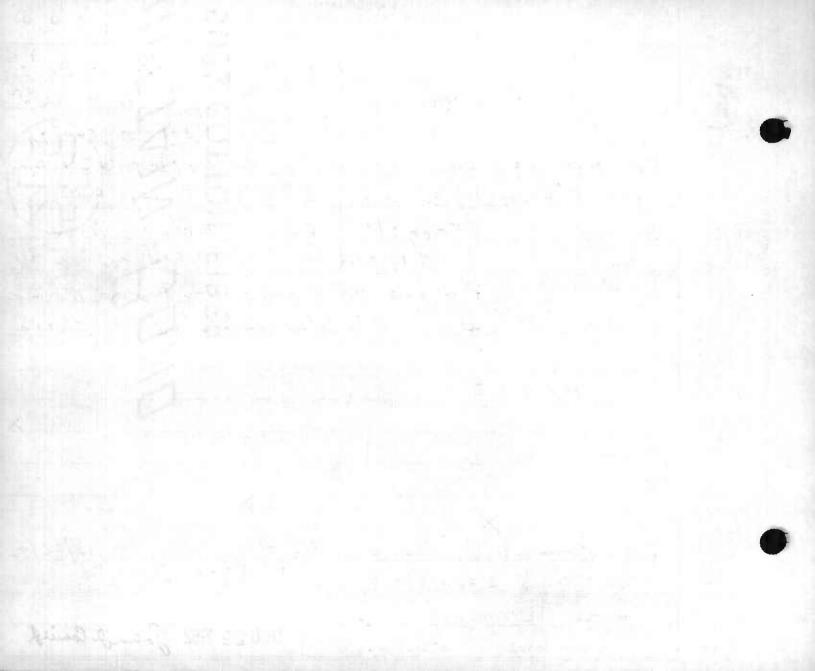
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25	[TYP]	OR PRINTI			17.	0		12,1987	4
à 1410 à	3. SE	NORMA	14 RACE	704	5. DATE C	EWATAS	6. AGE TIN YEARS LAST BIRT		
2 4 m	2 25	MALE	Mhort	t.E	MONTH	DAY YEAR	75	MONTHS.	DAYS HOURS MIN.
deoth. Poge	4	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O		ATH MI
ofter de vithe fu	10. C	ITY OR TOWN OF DEATH	11. NAME OF		G HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION	ON 126. 1	KIND OF BUSINESS OR
5 20 E		AL RESIDENCE (IF NURSING HOME O	FAILST	OH GEDE	ral Ho	spital	CIErgy		Eligion
filled in sould be	130	LATYLAND HAT	Ford G.	13EL A	N	13d INSIDE CITY LIMITS?	130. STREET ADDRESS	rchville To	20Ad
ompletely ond 2 st	14 F/	ATHER'S NAME  ATTE	WIDDLE	Edward	S	15 MOTHER'S MAIDEN NA	AME		VASS
te be execute incin and con pers. Pages 1 c		WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SECU 212-07-1	RITY NO.	Mrs, Rosie	38-4324 ADDRE	2 Churchy	ille Road
res that the death certifica need by the attending physical common please remove cochannol ourial, cremotion, or remover, or other troumatic event.	z	18. CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUSI MAKEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	ED BY: TE CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)	RAS ASPUSED YE	PCE OF /	PMA SCIEFO NOT RELATED TO THE TERM	PCS 7 PS 1 MINAL DISEASE OR CONE		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH.
on.  hos been signered by permit. The ene prior to the own any injury.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		FINDINGS USED (AUSES OF DEATH?
NG PHYSICIAN: TI ottending physicia fifer this certificate as the buriol-tronail th and Mental Hygis arked or item 18 shoot and the control of the control o	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE (1F EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED	ATH HOUR A. R) P. Zie. PLACE	M. MONTH DA	19	211. LOCATION STREET	RRED (ENTER NATURE OF INJUR		PART 2)  UNITY STATE
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ATTEN Septial SCTOR: d for us at 21 is		saw the deceased alive an	at view the body	atter death		d that in (my) (our) apiniar	death accurred an the do	ite and haur and fr	
by the hos by the hos leral DIREC se detached Stote Dept.		Dawin	mme	ham	n		MEDICAL STAF	F IAN D	2/1V/62
O HOSPITAL TO FUNERAL should be det with the Stott		22 PHYSICIAN'S NAME TYPE	OB PRINT)	nolli	L	Horada	Gray.	red	21074.
BP		BURIAL, CREMATION, REMOVAL	1 236. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BELATE HA	Flord Go MA	TY look 2014
DHMH - 16 50M 4/82		UNERAL DIRECTOR HAM			By A V	1111mans St. 250. DA		PEGISTRAR'S S	

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	1.	FOR	STATE OF MARYLA DEPARTMENT OF HEALTH AND A		20269
	1-	STATE REGISTRAR		FICATE OF DEATH REG. NO.	) 22 0 0
	I. DE	CEASED NAME FIRST	MIDDLE	20. DATE KNOWN	
PLEASE COR. LLES. URS		HIZH	Dale Ferr	OF ESTI-	12-26 1982 P. M
S, PE	3. SE.	M 141 MC	ATE OF BIRTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YEAR LAST BIRTHDAY) MONTHS DAYS 7 6 YRS.		MONTH DAY YEAR 26! HOUR 3:00
as Sa	7a. 8		CITIZEN OF WHAT COUNTRY?	NEVER MARRIED 7 BALTIMORE CITY OR	
25 m / 2		Ohio	4. 4.9. WIDOWED	DIVORCED   Harfor	rd County Mo.
AY IS THE FILED	10. C	n I n ·	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SUCH FACILITY, GIVE STREET ADDRESS)  561 Chessy Rd. Bel	Air Mechanical Ins	OF WORK 126. KIND OF BUSINESS OR INDUSTRY Dector Electrical
Y DELA Y DELA AIN PO CRDS,	USU.	AL RESIDENCE (IF IN NURSING HOME OF OTHE	ER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION)		pector Electrical
D. 21201 IF ANY DELA 2, AND 3 TO SHOULD BE IN RECAPS.	750. 5		Ford Bel Ain YES	NO 56/ Cress	y Rd.
DEETH. IF	14. F	ATHER'S NAME	DLE LAST 15. MOT	THER'S MAIDEN NAME	LAST
OPA PROPERTY OF THE PROPERTY O	160	HOW and	FORCES? 166 SOCIAL SECURITY NO. 17. INFO	DRMANT ADDRESS 1	Wise
BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY DEL 8. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN F T. PAGES I AND 2 SHOULD BE DIVISION OF WITAL RECORD.	()	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR O	(237409)	on-Jack Fernall	Rel ais Md.
201 W. PRESTON ST UTED WITHIN 24 HOI IN PENCIL IN ITEM 1 EXAMINER ALONG RIAL - TRANSIT PERMI D MENTAL HYGIENE, ON, OR REMOVAL.		18. CAUSE OF DEATH (Enter anly ane PART I DEATH WAS CAUSED BY:  2 5	DUE TO, OR AS A CONSEQUENCE OF  (b) Severe distal  DUE TO, OR AS A CONSEQUENCE OF  (c)	es mellitus	APPROXIMATE MITERVAL BETWEEN ONSET AND PEATH  POSE  WORKS  GROWN  APPROXIMATE MITERVAL BETWEEN ONSET AND PEATH  POSE  WORKS  WOR
RECORDS, 201  D. BE EXECUTE PENDING" IN F AEDICAL EXA AEDICAL EXA REALTH AND ME CREMATION,	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1 10	
2 35 E B 2 7 7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFO	ORMED?	20 AUTOPSY?
CERTIFICATE SHO TING THE WORD TING THE WORD TING THE WORD SED TO THE CHILL 3 SHOULD BE US DEPARTMENT OF I PRIOR TO BURIL		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	YES NO
DIVISION THIS CERTIFIC WARDED TO WARDED TO TARE DEPARTA TATE DEPARTA 21201 PRIOR 1	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOU EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFIER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA			07/7/6 / TITLE	SPECIFY) MEDICAL EXAMINER	DATE 12/26/82
O MED XECUTI YAGE 4 O FUN		EXAMINER'S NAME 5040.	4. Hench, M. P. ADDRESS		21160
	23a. B	JRIAL, CREMATION, REMOVAL 236 DA PECIFY)  Removal 12	231. NAME OF CEMETERY OR CREMA	ATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	24. F	JNERAL DIRECTOR	ADDRESS	250. 10 EC 2 8 PEG 982 256 REGIST	TRAR'S SIGNATURE
(VR A15 ME (5) ) 15M 2/80		Anatomy Board	d Balto., Md.		



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)			4 RACE		5. DATE (		6. AGE (IN YEARS LAST E	SIRIHDAY) /	MONIHS DAYS	HOURS MIN
		TALE	White	HAT COHNITOVS	7	21 1906	76	YRS	OF BEATH	
24	C	OUNIRY		HAT COUNTRY?		D 🖾 NEVER MARRIED 🗆	9 BALTIMORE CITY	OR COUNTY	OFDEATH	
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10			(IF NOT IN SUCH F	ACILITY, GIVE STREET A	DDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LI	E) INDUSTRY	1.0
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	(1)	S NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)						- D-3	21014
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		Conditions	DUE TO, OR	AS ARONSEOUE	CELOF	to condic	Karculan	deside	20	
		Canditians, if any, which gove rise to immediate	(b)	,	100	of the contract	1	-(30		
		underlying cause last.	DUE TO, OR A	S A GONSEQUEN	ICE OF	ussis (	Enerale	100		
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Ц	RT.						YES NO	YE	s 🗌	NO 🗌
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- 1			n (ot) view the bady at	ter deoth.		nd that in (my) (our) opinian	death accurred an the	date and hou	r and from the	causes stated
-1		THE SIGNATURE	0.14		4.1	DEGREE	MEDICAL ST.	4.55	22c. DAKE	SIGNED
		15000	EY SON		M	PHYSICIAN	DIRECTOR PHYS	AFF ICIAN 🗌	101	17/1/
		224 PHYSICIAN'S NAME ITTE	2000	7 1		22e ADDRESSA	. P.V	1 1	1	1 / 10
11		DEN	O LEY	H		11121 13000	me 114	124	A112 1	nd . 2/01
	23a. BI	JRIAL, CREMATION, REMOVA	L JJR DATE	23c. N.	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	12/20/8	32 Spe	esuti	a Episcopal	Perryman		ord Ma	aryland
		NERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRA	R 200 REGIST	RAR'S SIGNA	TURE
	l'ar	ring Funeral	iome, P.A.	.,Aberde	en, Mo	.21001-339DE	C 2 2 1982	John	- de la	mely

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2.5			MES	IDTII	II ACT III	GOR				DEATH	MATED	MONTE	2-3-8	T9 YEAR	A
3.5	male	Black	5 DATE OF E	25 37	7		DER 1 YR.	HOURS	24 HRS.	PRONOUNG DEAD	CED		H DAY		4PM
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160	Willia WAS DECEA	M SED EVER IN U.S.	ARMED FORCES		ordon SOCIAL SECURI	TYNO	7. INFORM	Sa			ADDRES		ocket	t	
. 04	(YES, NO, OR UNK	NOWN) (IF YES, G	GIVE WAR OR DATES)					,				33			
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	21	TAMMED	DIATE CAUSE (0)_		CONSEQUENCE	-	5								
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z		R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO	OEATH BUT NOT	RELATED TO THE TER	MINAL OISEASE	OR CONDITION	I GIVEN IN PAI	RT 1 (a),						
MOIT						1 12			RT 1 (a),				120	LITOREYS	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON  NG PHYSICIAN: The low requires that the death activities physician.  After this certificate has been signed by the attending os the burial-transit permit. Then please remove corb		couse (o), stoting		DUE TO, OI	RAS A CONSEQUE	NCE OF	1 ACTELM	DISTANT		NI	are	2
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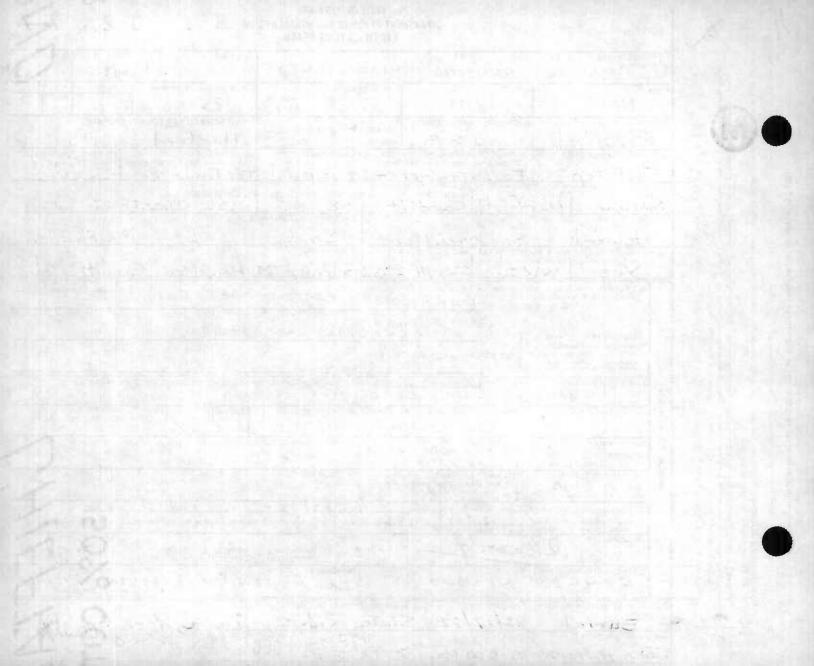
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-7:15 DEATH MATED SEX 5 DATE OF BIRTH AGE (IN YEARS 24 HOUR DATE 7:15 PRONOUNCED 10 1930 52 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY Balto. Md. U. S. A. Harford DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Service Mgr. Fallston Fallston Gen. Hos. Car Center USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Fallston, Md. 21047 13a. STATE Fallston 13d INSIDE CITY LIMITS? Md. Harford Guyton Rd.P.O.Box 52 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Chojnowski. LAST MIDDLE Catherine Martin Grutkowski 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 3018 Guyton Roof 50. Box 52, Fallston 16h SOCIAL SECURITY NO (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-20-1767 Mrs. Constance J. Grutkowski. Korean 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 of 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO BURI YES [ 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 2 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK | NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR FOEUNERAL DIRECTOR: PAGI AFER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a I certify that I taak charge of the remains described above, held an Autopsy and in my opinion Natural causes Homicide Undetermined manner TITLE (SPECIFY) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 12-13-1982 Fallston Highview Mem. Gardens Harford BP 24 FUNERAL DIRECTOR **DHMH-17** E.F. Lassahn, 11750 Belair Hd. Kingsville, Md. 21087 (VR A15 ME (5)) 15M 2/80

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DIVISION OF VITAL RECORDS.

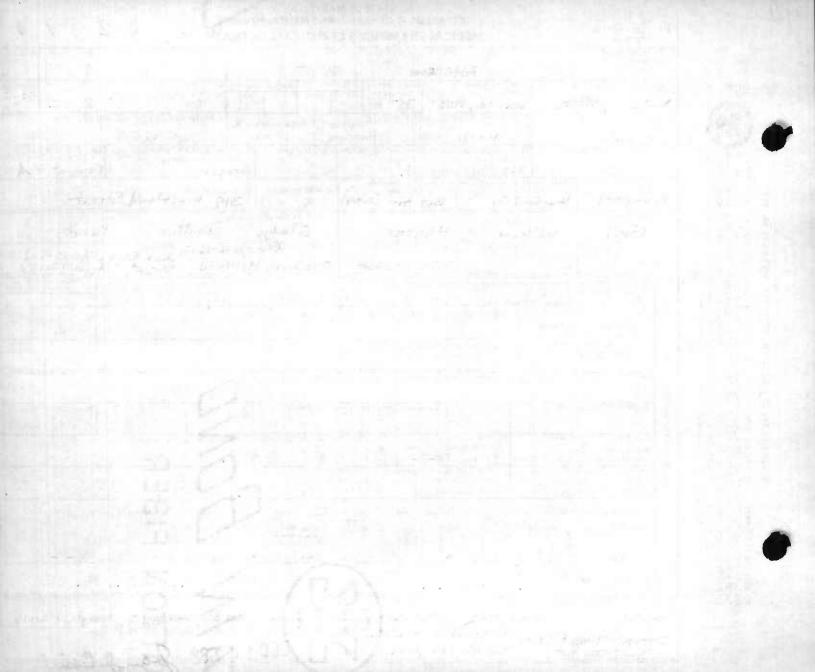
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1	B	1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		2311
	9	-			LAST	REG. NO.	
			ECEASED NAME FIRST	MIDDLE	4.10.	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	J 55		HOWARD	RAYMOND	HAMILTON	121	13/82 4:30 A.M
	0 0 0	3. 5		1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	-		MALE	WHITE	MONTH 29 97	85 YRS	MONTHS DAYS HOURS MIN.
	8 8 8 m	Pa. 8	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
	13		Maryland	U.S.A.	WIDOWED DIVORCED	Harford (	county MD.
2.	of the second	110.0	CITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET)</li> </ol>	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
6	Sy filed	4 1	Fallston	Fallston Ge		Postmaster	Service.
212	De in De	USI	JAL RESIDENCE (# NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		
Q	24 h	1	state 136 coun	/ / / 1.	YES NO	1622 Ches	tout St.
YEA	athin athin	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NA		
IAR	buo buo	1	FIRST	MIDDLE LAST	FIRST	MIDDLE	Mc Fadden
m,	5 0	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166, SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDRESS.	THE Padden
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ALI	physicial popers. naval.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), an	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ifice phy nov nov		PART I. DEATH WAS CAUSE	DBY: ('A 12 D 11	DIESPIRATORY	AMEST	
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4	the eme		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
3	by by ath		underlying couse lost.	(6)			
201	plec priol		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION O	IVEN IN PART 1(a)
DS,	sign Then p ta bu	Z	RIGHT		OBE ATELECTO		
Ö	e - e > -	4 1	190, DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
REC	as bermine prime p	CERTIFICATION	THE DATE OF CICKATION	The complition for which	O'ENATION WAS TEN ONNED	IN CERT	TIFYING CAUSES OF DEATH?
AL	E 0 0 0	E =					YES NO
5	Z Z S S S E Z S	8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D.	AV VEAD	RED (ENTER NATURE OF INJURY IN ITEM I	PART   OR PART 2)
9	ding physici ding physici is certificate burial-transif Mental Hygi ar Item 18 sh	K	OR CONTRIBUTING CAUSE OF DEA	hlla	18 N/A		
NO	PHYSICIA ending pl this certif he burial- nd Mental d or them	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
DIVISION OF VITAL RECORDS,		Z	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	ARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
ā	Z = \$ 0 ± 0		AT WORK	-	12 9/1982	12/12/	, 19 5 2 , that (I) (we) last
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-	R ATTEN hospital RECTOR red for u pt. of H.		saw the deceased alive an above, (I) (we) (did) (did no	t) view the body after death.		seoth occurred on the date and h	our and from the causes stated
	DR he he he he		22b. SIGNATURE	1. July	DEGREE		224 DATE SIGNED
	+ o		veu	acord -	M.D. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1413/2
	SPITAL I by th VERAL be dete e Store	1	224. PHYSICIAN'S NAME (TYPE O		122- ADDRESS		
	HOSPITAL med by the FUNERAL uld be dering the State ORTANT:		12 AMESH	KARODY	200, MILTE	ON AVE, FALL.	STEN CIEN HOSP
	TO HOSPITAL TO FUNERAL Should be de with the Stat	-		Total Control			CALLSTON.
		230.	BURIAL, CREMATION, REMOVAL (SPECIFY)	1 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
	BP		Burial	12/17/82 5	Slate Ridge	Delta Yor	K Ca. PA.
	DHMH - 16 50M 4/82	24	UNERAL DIRECTOR		17314 250 DAT	E REC D BY PE BISTRARY BEG	STRANS & CAMBRIE
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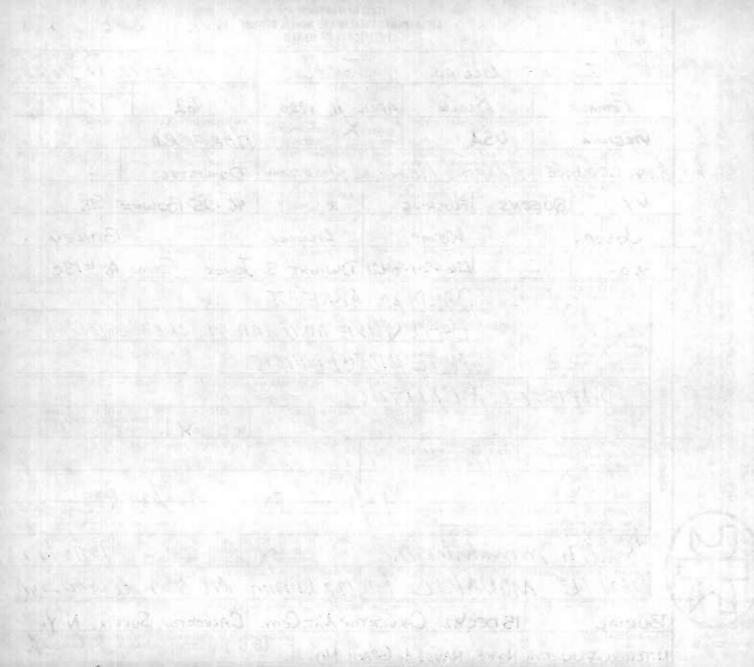


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		CE ASED NAME	FIRST		WIDDLE			LAST			2a. DATE	KNOWN	MONTH	H DAY	YEAR	26 HOUR
STREET,	(TYP)	E OR PRINT)	GAIL	14	ders	М	+	HAYTER	3		OF DEATH	ESTI- MATED	<b>夕</b> 12	1	19 82	M
	3 SEX		4 RACE	5 DATE OF BIRTH	WE - B	6. AGE (IN YE)	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c DATE		MONTH		YEAR	24 HOUR 4:45
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	O	- F_														
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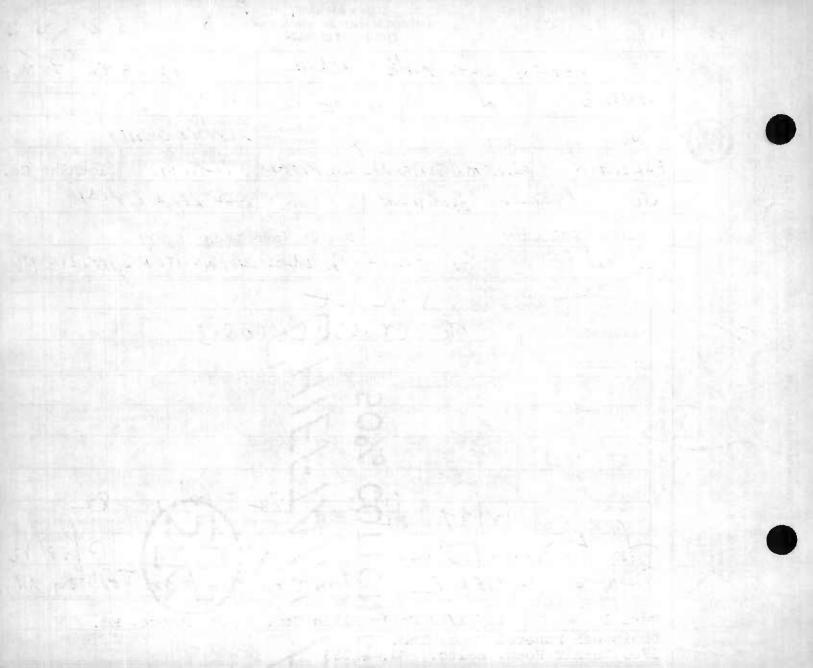


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LAND 212 nin 24 hou ni	13a. STATE	500	DR OTHER INSTITUTION	13c. CITY OR TOW FLUSHING	/N	-		46 - 25		IE ST.	
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ge 4 mor	1. 5ē.	EMALE	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	FUNDER I YEAR IF UNDER 24 HRS
MB	7a. B)	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED DIVORCED DIVORCED	HARBED COUNT	JPY MD.
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be execu		AS DECEASED EVER IN U.S. AR (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 213-05-0	RITY NO. 117. INFORMANT DE FALL KAHA	246 WHITTPP	KINGSILE MV.  87 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., 194G PHYSK (AN). The law requires that the death certificate that certificate has been signed by the uttending plast the burial-transit permit. Then please remove carbang the and Mental Hyginine prior to burial, cremation, or removed at them 18 shows any injury, or other traumatic even acked at them.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 1(a-
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CLAN. TO PRINCIPLE OF PRINCIPLE	2000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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ALOR ATTENDR y the holpstrol or ALDIRECTOR, A detriched for use one Dept. of Heal	0		tol) attended the deceased from 19 19 view the body after death.	DEGREE ATTENDING PHYSICIAN	death accurred on the date and he  MEDICAL STAFF DIRECTOR PHYSICIAN	22; DATE/SIGNED
TO HOSPIT Printed by TO FUNE with the St	(	DANTE (TYPE C	HONAKU	Fall for	gin Hosp.	Forten pol
00 BP	E	urial, cremation, removal urial	12/31/82 Ho	NAME OF CEMETERY OR CREMATORY DILLY Hills Cem.	Baltimore	
DHMH - 16 50M 4/82 (VRA 15, 4)	<sup>24</sup> S	Chilling Fun 705 Belair R	eral Home, Incode Balto., I	3.	DEC 301987	tran's signature



1	FOR			DEDARTA		E OF MARYLAND	OFNE D (2	~7	0 3	2 3
1	- STATE REGISTRAR			DEFARIA		ICATE OF DEATH	REG. N	10.	á 0	5 0
	PECEASED NAME	FIRST	WIDDLE			AST	20. DATE OF DEATH	4.0	AY YEAR	26 HOUR
	J	OHN	E	E III	KE	LSEY	DEC	12 1	1982	川齿
3 S	SEX	4. R	PACE		5 DATE		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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7a.	BIRTHPLACE (STATE OR	FOREIGN 7b (	CITIZEN OF WHA	T COUNTRY?	В		9 BALTIMORE CITY		OF DEATH	
7	Ohio		USA		WIDOWI	D NEVER MARRIED	Harford			
10	CITY OR TOWN OF DE.	ATH 11.	NAME OF HOSP	ITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	OF BUSINESS OR
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	sow the deceos	ed plive on	DEC 、 る	depth.	<u>, ar</u>	nd that in (my) (our) opinion	death occurred on the o	lote and hour	ond from the	couses stated
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-		lunkett					Air Avenue,	Aberd	een, M	d. 21001
230	BURIAL, CREMATION,	REMOVAL 2	36 DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
-	Burial		12/15/82	Oal	k Gro	ve Baptist	Bel Air	Harfo:		ryland
24	FUNERAL DIRECTOR	The second					E REC'D. BY REGISTRAF	256 REGISTR		

DHMH - 16 50M 1/81 (VRA 15, 4)

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Buria Funeral Home, P.A., Aberdeen, Md. 21001-3399

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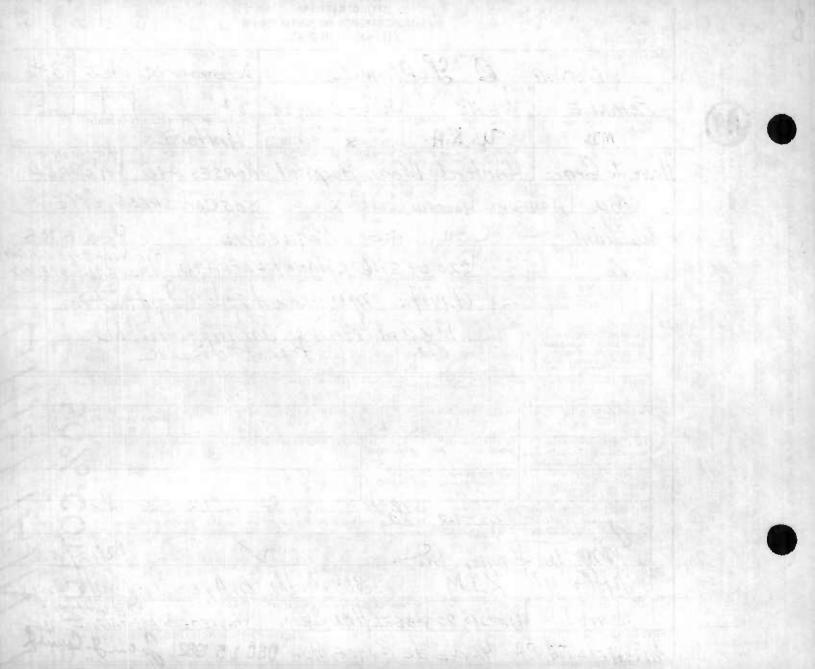
Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 50M 4/82

(VRA 15, 4)

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	1.	FOR • STATE REGISTRAR	DEPARTMENT OF HEALTH AND CERTIFICATE OF		3 2 3 8 5
4 may be page 3 her death		CEASED NAME FIRST NORMA	A RACE S. DATE OF BIRTH MONTH DAY		INTH DAY YEAR 26 HOUR 24 HRS MONTHS DAYS HOURS MIN.
		MD.		DIVORCED   HArtord	M
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rficate be exec physicion and spapers. Pages naval.		YES, NO OR UNKNOWN) (# YES, GIVE  18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	220-09-2816   Mar H	PARRY LOFLAND	APPROXIMATE INTERVAL  BETWARN ONSET AND DEATH
equires that the death cert is signed by the attending Then please remove corbon to buriol, cremation, or re- njury, or other troumatic e	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	We asternage of the season of the terminal disease or condition	ION GIVEN IN PART 110
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G PHYSICIAN. offending physicians er this certifical in the burial-training ond Merital in the death of the physician in the	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA'S (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE AT WORK ALWORK	HOUR A.M. MONTH DAY YEAR	INJURY OCCURRED (ENTER NATURE OF INJURY II)  TION  CITY OR TOWN	
TAL OR ATTENDIN.  y the hospital or of the state of the s		22a.1 certify that (I) (this hospit	tol) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	y) (our) opinion death occurred on the date  ATTENDING DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	226. DATE SIGNED
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BP DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	WINERAL DIRECTOR	DEC. 13, 82 ANGEL HILL C	250 DATE REC'D. BY REGISTRAN 258	PALE HARFORD M.



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AND SERVICE SERVICES					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MIDDLE MONTH YEAR 2b HOUR LITYPE OR PRINTS 27 1 /dro 3. SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH DAY VEAD DATS 907 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED | North Carolina WIDOWEDIX Harford IN CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Court Reporter State of N.C. USUAL RESIDENCE (IF A RSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Havre YES X NO [ 700 Commerce Street Harford de Grad Mary Lanc 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST MIDDLE LAST Jovd Horton Watt Cornelia Robinson Cora 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Maryland 21078 LYES NO OR UNKNOWNI HEYES, GIVE WAR OR DATEST 2hh-12-7h9hA Lov Waters. 230h Tide Circle Havre de Grace No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOT YES [ NO F 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21s. PLACE OF INJURY ŏ COUNTY STATE

CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from 12-10 19 52, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on\_ we, (I) (we) (did) (did got) view, the body after death MATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) STATE Cremation Ferris West Chester Chester 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

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MPORTANT:

Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3399

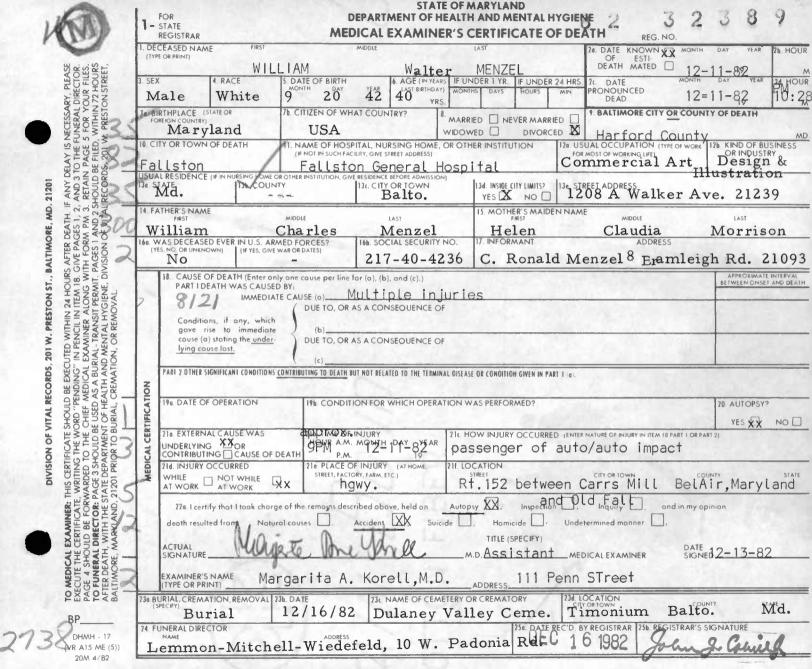
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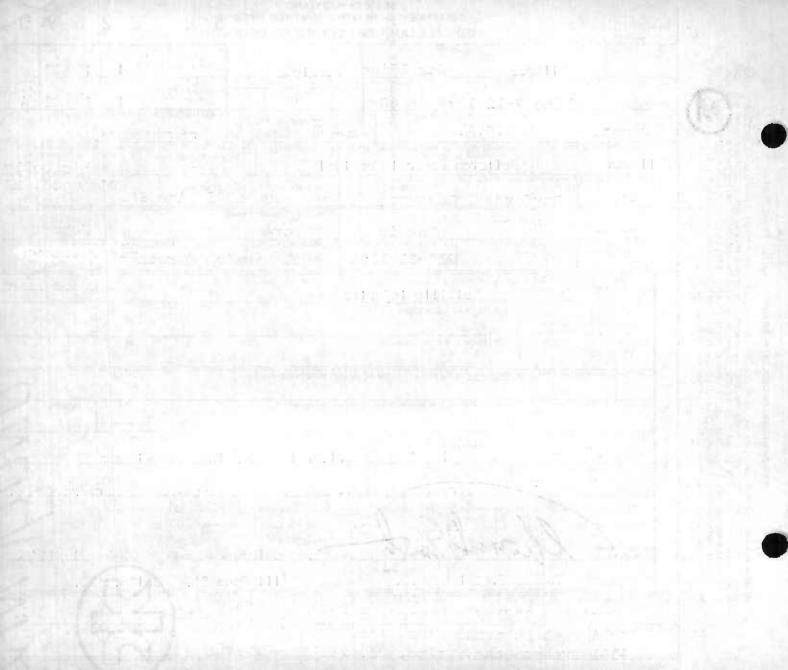
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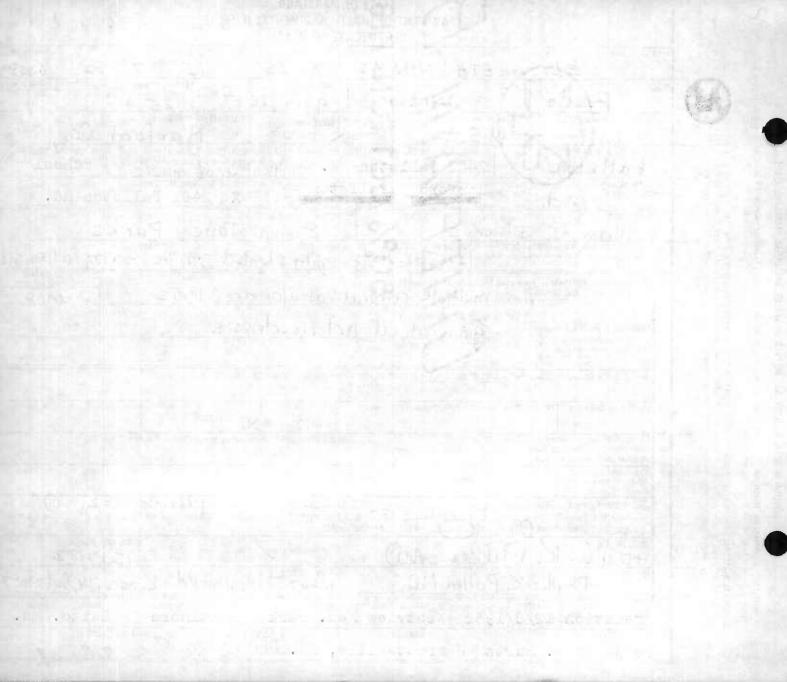
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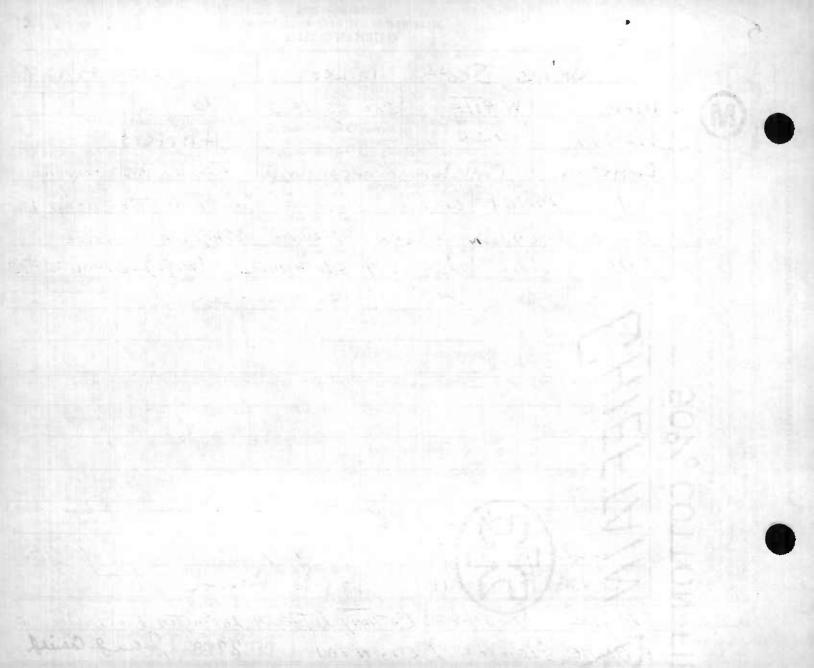
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STATE OF MARYLAND

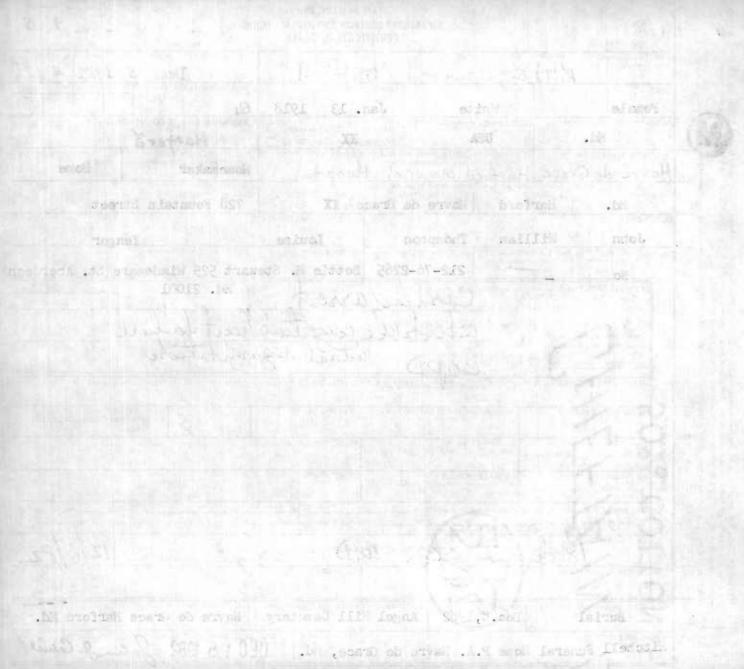
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.



(VRA 15, 4)



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make omple		rry	Sut	ton	Florence	G.	Gardener
TIMORE be execu on and c s. Pages			IVE WAR OR DATES)	=21=6916	Diane L.Devo	ADDRESS Mary nshire 2105 Gen	land 2101/1 eva Plan Bel Air
(DS, 201 W. PRESTON ST., equires that the death certification of the offending phose signed by the offending phose received corbang to burial, cremotion, or remonitry, or other traumatic ever	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF		INFARCTION	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low required of the this certificate has been sign of the build-tronait permit. Then hond Memol Hygiene prior to borked or Item 18 shows ony injur	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{TYPES} \)
N OF VIII	/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MO ER) P.M.	NTH DAY YEAR	N/	RED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)
UG PHY: offendia offen this so the bu	MEDICAL	WHILE OCCURRED NOT WHILE AT WORK	210. PLACE OF INJUR	RY WYOFFICE, FARM, ETC.)	211. LOCATION STREET	A CITY OR TOWN	COUNTY STATE
spitel on spitel or CTOR: A for use of Heol		220. I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did n 226. SIGNATURE	10 111	1 10.82	nd that in (my) (aur) opinion	death accurred an the date and	hour and from the causes stated
SPITAL OR A by the how NERAL DIRE. Be deforthed e Stote Dept TANT: If hen		12	caroay	1	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	12/14/82
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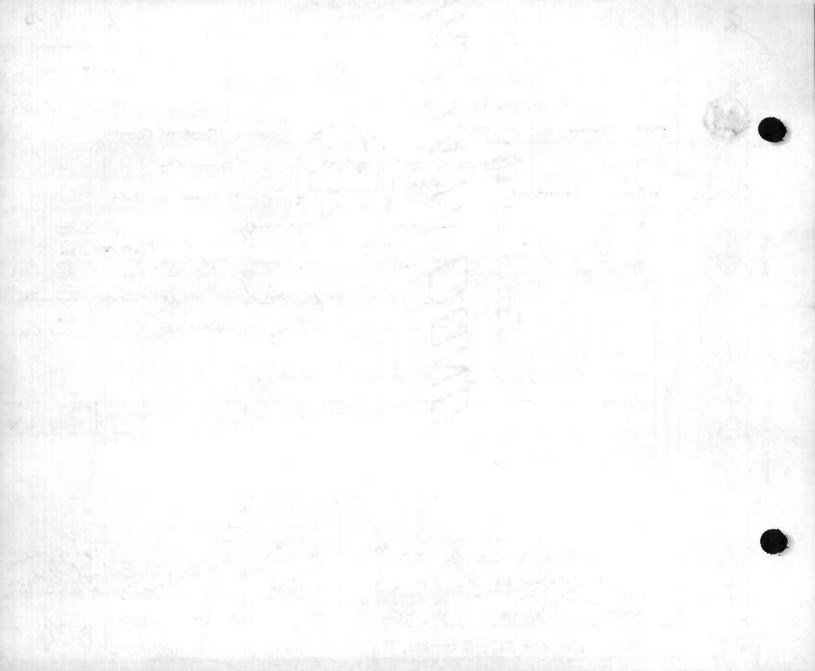
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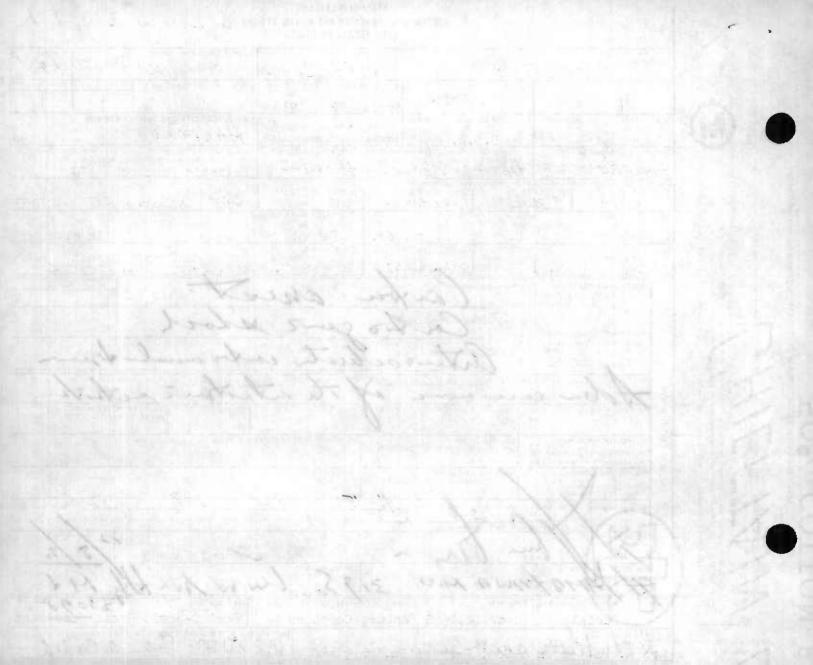
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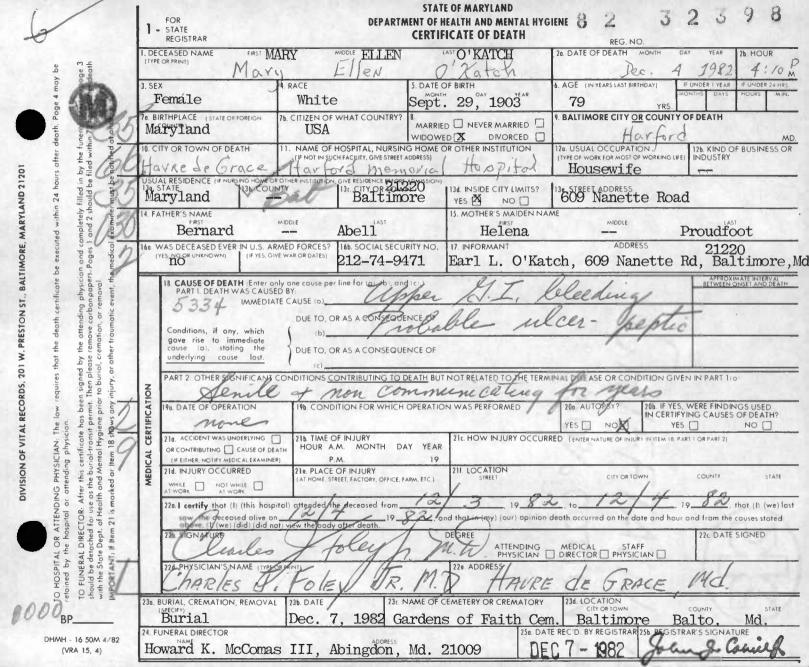
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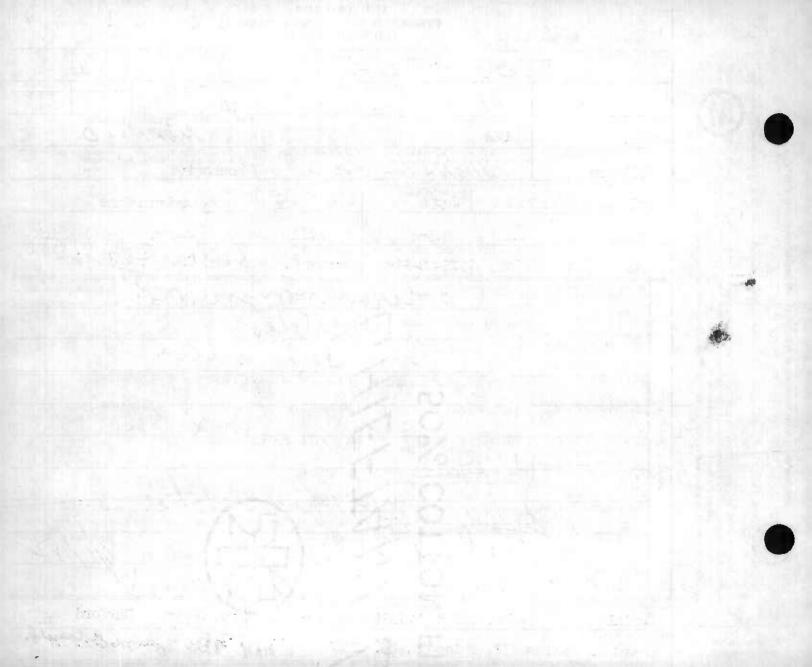
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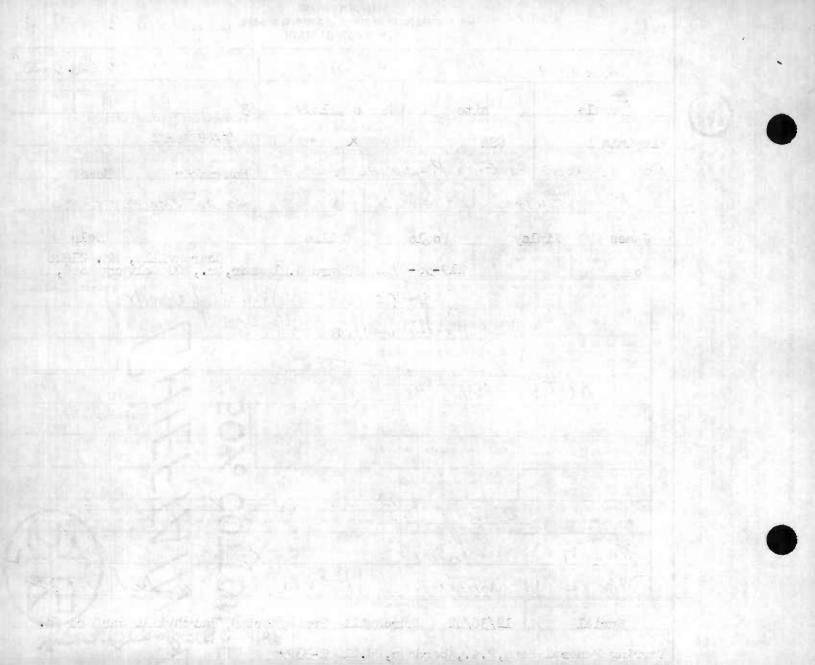


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213 Pon Page	Mary	land	13b. COUN Harf	ITY	GIVE RESIDENCE 13c. CITY ON Joppe	EFFORE ADMISSION) 1085	136 INSIDE CITY LIMI YES NO	x	STREET ADDRESS	sburn l	Lane	
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SPITAL OR ATTENDING PHYSICIAN: d by the haspital or attending phys NERAL DIRECTOR: After this certifica be detached for use as the burial-tro e-State Dept. of Health offd Mental H TANT: If them 21 is marked or them 18	MEDICAL	E ACCIENT WAS UP  CONTENUT PAGE  IF STHER, HOTHY WED  E INJURY OCCUP  WORK WITH  HOTH  HOT	CAUSE OF DEA	III. PLACE   AT MOME ST	M. MONTH M. OF INJURY HET, FACION, OF Rejdecessed for Offer death.	TICE FARM ETC.	211 LOCATION STREET  10 nd that in (my) (our) op DEGREE  ATTEND  22e ADDRESS	82 pinion deat	toh occurred of the	3/ date and hou	COUNTY	That it (we) last a causes stated
TO HO retaine to Fu should with th	23a. BUF	CIPY CREMATION	REMOVAL	23b. DATE	LICH	23c. NAME OF	CEMETERY OR CREMAT	TORY	23d. LOCATION CITY OR OWN	mo T	Lawford	STATE
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DHMH - 16 50M 4/82 (VRA 15, 4)		eral director	lcComas	s III,	Abingdo	m, Md.	21009	TIAN	C'D. BY REGISTRA	TOR REGIST	KAR S SIGN	warry .



				STAT	OF MARYLAND		
	1.	FOR STATE	DI		EALTH AND MENTAL HY	GIENE 8 2	3 2 4 0 0
3		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
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	7a. B	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COL	INTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
		roinia	USA	WIDOWE	the state of the s	MARFORD	MD.
1 1 3 /	10,5	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		ROTHER INSTITUTION	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
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by by by Branch		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN [	DIRECTOR PHYSICIAN	
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TO HOSPITAL retained by t TO FUNERAL should be det with the State	220	PUBLIC CREMATION REMOVE	23b. DATE	122 NAME OF C	EMETERY OR CREMATORY	123d, LOCATION	01018
	230.	BURIAL, CREMATION, REMOVAL				CITY OR TOWN	COUNTY STATE
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(VRA 15, 4)	16	rring Funeral	Home, P.A., Abe	erdeen, Md	Z1001-3379		



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DIVIS THIS CER WARDED PAGE 33 TATE DEI	WEG	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  AT WORK  216. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  Dam  216. LOCATION  STREET  CONOWINGO Dam, Harford Co., Md.											OUNTY		STATE	
CAL EXAMNER: THE CERTIFICATE SHOULD BE FORE RAL DIRECTOR: ATH, WITH THE S RE, MARKHANGANO.		27a   Certify that   took charge of the remains described above, held an Autapsy XX, Inspection   , Inquiry   , and in my of death resulted from Natural causes   , Accident XX, Suicide   Hamicide   Undetermined manner   , ITITLE (SPECIFY)  SIGNATURE   MAJORIS STANT   MEDICAL EXAMINER   SIGNITURE   SIGNITU												E 1	2-16-	82
O MEDI XECUTE AGE 4 (		EXAMINER'S NAM (TYPE OR PRINT)		nnis F. S		M.D.		ADDRESS_	- 11		nn St	reet				
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(VR A15 ME (5)) 20M 4/82	F	uneral Se	rvice	- Ber	ison,	Md. 210	018		Utl	11	1395	10	ung	y 10	early	1

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) ESTI-12:16 onre DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS 2d. HOUR DATE LAST BIRTHDAY) 13:16 PRONOUNCED 63 13-1919 1982 DEAD 2-12 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland U.S.A. Harford DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS eneral Warehouseman Farm Fallston "Fallston" General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. SIREEI ADDRESS thut Street COUNTY 13c. CITY OR JOWN 13d. INSIDE CITY LIMITS? Pennsylvania IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ethel Arthur Robinson Stokes 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO PAGES (YES, NO OR UNKNOWN) 220-01-0423 Alice S. Robinson, Delta, PA. 17314 CAUSE OF DEATH (Enter only one cause per line fag (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BLAR YES ] DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 21. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE COUNTY WHILE AT WORK TO MELS.

EXECUTE THE CON.

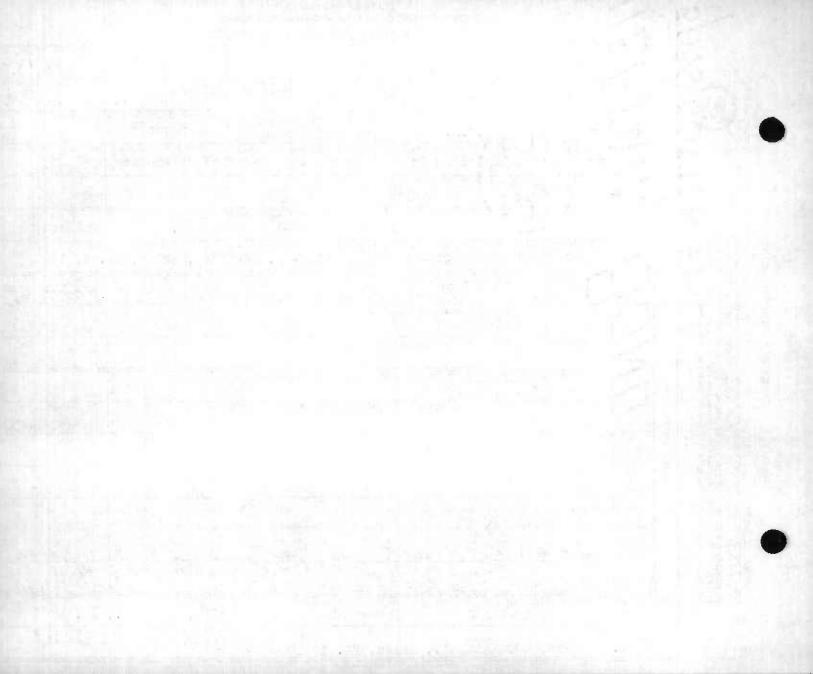
FACE 4 SHOULD BE FOW.

TO FUNERAL DIRECTOR: PY

AFTER DEATH, WITH THE ST

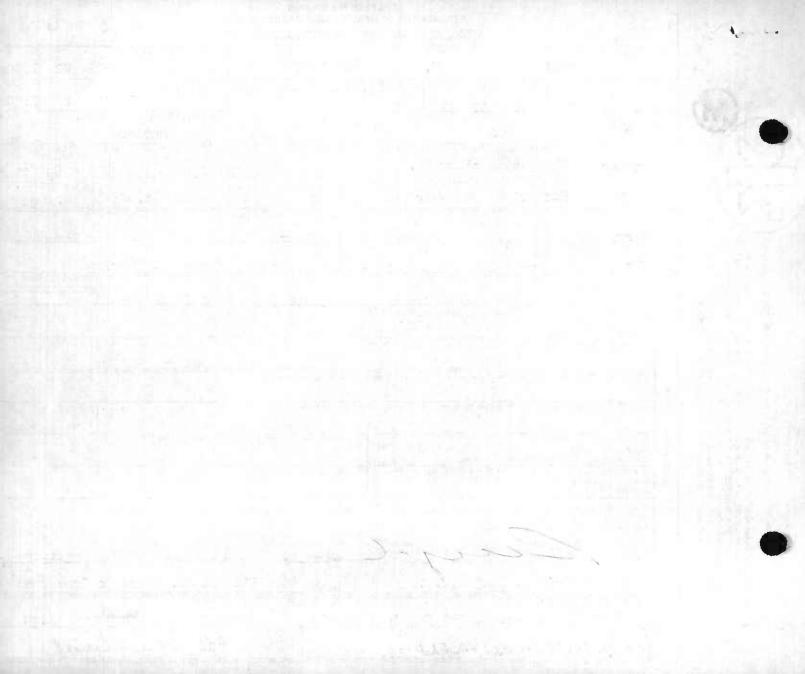
ANTIMORE, MARYLAND, S. 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Delta, York Co., PA. 12/16/82 Slateville BP 24. FUNERAL DIRECTOR **DHMH-17** John H. Harkins, 600 Main St., Delta, PA. 17314 (VR A15 ME (5))

15M 2/80



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH 2b HOUR (TYPE OR PRINT) ESTI-Haze1 V. Rottluff 182 DEATH MATED 12 - 137:00a 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE YFAR LAST BIRTHDAY) PRONOUNCED 182 12 - 137:00a DEAD CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE MARRIED X NEVER MARRIED FOREIGN COUNTRY USA Harford WIDOWED DIVORCED 2, AND 3 TO THE F. 3. RETAIN PAGE SHOULD BE FILED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 645 Walker St. FOR MOST OF WORKING LIFE) Aberdeen White Coffee Waitress USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pot Rest. Aberdeen 130 STATE Harford 13d. INSIDE CITY LIMITS? 645 Walker YECK 21001 B. GIVE PAGES 1, 2, A WITH FORM PM 3. IT. PAGES 1 AND 2 SH, DIVISION OF WITH R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE Harry Jackson Laura Hasson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Jean Garcia Aberdeen, Marvland 220-03-1036 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY. ISE (o) Coronary Heart Disease
DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (o)\_ Conditions, if ony, which ASCVD gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BURIAL, YES 🗌 EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTIMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME 71f LOCATION 71d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE x 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my opinion death resulted from: Homicide Undetermined manner Notural seuses TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Luis E. Renjel, M.D. 464 Alliance St. Havre De Grace, MD (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 73r. NAME OF CEMETERY OR CREMATORY Cremation Dec.17.198 Cratin & Ferris West Chester Chester Penn. BP DEC 2 0 1982 B REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5))

15M 2/B0



1-	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND FOF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8 2	32404
	CEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
		412	Ethe/	SAWYERS	12-	22-82 2:26
3. SE		4. RACE	5. C	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	Female			c. 18, 1898	84 YR	
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
-	irginia	U.	S.A. WI	DOWED DIVORCED	Harfor	d
10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS O
B	el Air	Bel A:	ir Nursing		Housewife	Home
	AL RESIDENCE (IF NURSING HOAD)	AE OR OTHER INSTITUTION	I 3c. CITY OR TOWN		13e. STREET ADDRESS	21111
Ma		arford	Monkton	YES NO		tsville Pike
14. FA	THER'S NAME	WIDDLE		15. MOTHER'S MAIDEN N	AME	
	Wiley	WIDDLE	Poole	Sarah	Ann	Cornett
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C  DUE TO, C  DUE TO, C  C  (c)	DR AS A CONSEQUE	ulmmay a mi heart e or lenter can	pest failme divoyc, disi	e as above  APPROXIMATE INTERVAL  RETWEEN ONSET AND DEAT
CERTIFICATION	190. DATE OF OPERATION			RATION WAS PERFORMED		YES, WERE FINDINGS USED
					YES NOT	RTIFYING CAUSES OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A	OF INJURY I.M. MONTH DAY P.M.	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, FARM, E	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that (I) (thinks sow the deceased alivement of the dece	on DE	he deceased from	, 19 1	n death accurred on the date and	hour and from the couses stated

BP.

IMPORTANT: If He

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24. FUNERAL DIRECTOR

Gladden Kurtz

22d. PHYSICIAN

23h. DATE

23c. NAME OF CEMETERY OR CREMATORY Mem.

Te. ADDRESS

Gar

Bel Air

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Jarrettsville, Md.

REGISTRAR SIX REGISTRAR OSIC DEC 2

Harford

The property of the second control of the second Part of Livery and Tark to the first business for the erode as page fragment. U. CI vo. N-02-dia . M. ATTERNAL TAN DAL TER . LET TAL LOW-SELL AND LAUNCE. . At the state of the state of

TATE  ARYLAND  THER'S NAME  FIRST  TS AAC  AS DECEASED EVER IN U.S. AI  ES, NO OR UNKNOWN)  IF YES, G  PART I. DEATH Enter of  PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	RMED FORCES? 16b SOCIAL SI VIE WAR OR DATES)  AND CARD TO CONSE  OUB TO, OR AS A CONSE  (b)  OUB TO, OR AS A CONSE	SECURITY NO. 11	FBIRTH  IN 1897  IN 1897  IN 1897  IN INFORMANT  MRS, LOIS  FIRST  PIMATORY  E HEART	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE P	MONTH DAY  12 15 17HDAY)  18 UF UN  19 WONT  19 WORKING LIFE)  10 10 11 11 11 11 11 11 11 11 11 11 11	26 KIND OF BUSINESS ON THE PROPERTY FARM
THER'S NAME FEST DECEASED EVER IN U.S. A  CAUSE OF DEATH IEITER OF DEATH  CONDITION  ALLES DECEASED EVER IN U.S. A  ES. NO OR UNKNOWN)  CONDITION  CONDITI	INTY  AND FORCES?  NE WAR OR DATES)  AND TO SO COUSE POR INTY  AND TO SO COUSE POR INTY COUSE POR INTY  AND TO SO COUSE POR INTY COUSE	RSING HOME OR RESING HOME OR RESING HOME OR RECT ADDRESS) TOWN  1: COUNTY NO. 1: COUNT	DAY 1897  DI NEVER MARRIED DI DINORCED DI DINORCED DI ROTHER INSTITUTION  AL HOSPITA  13d. INSIDE CITY LIMITS?  YES DINO DI SIDE NO DI SIDEN NORA  17. INFORMANT  MRS. LOIS  PIMATORY  E HEART	126 USUAL OCCUPAT (179EDF WORK FOR MOST C (179EDF WORK	THDAY)  IF UN MONT  YRS.  OR COUNTY OF  OF WORKING LIFE)  FALLS  FALLS	DEATH  26. KIND OF BUSINESS ON TON, MD.
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TY OR TOWN OF DEATH  ALLAND  ALRESIDENCE (IF NURSING HOME OF TATE  ALLAND  ALL	III. NAME OF HOSPITAL, NUE  (IF NOT IN SUCH FACILITY, GIVE ST  FALLS  ROTHER INSTITUTION GIVE RESIDENCE BE INTY  FALLS  MIDDLE  RMED FORCES?  IAST  SEWE  RMED FORCES?  IAST  AND SEWE  AN	MARRIED WIDOWED  RSING HOME OR TREET ADDRESS)  GEORE ADMISSION)  TO N  II.  D7153  D. ond IC.  TO NECURITY NO. II.  COURNES OF THE COURNES	DIO DIVORCED CONTROLLA PROPERTIES IN SIDE CITY LIMITS?  YES NO INSIDE CITY LIMITS?  YES NO INFORMANT  MRS. LOIS  PIMATORY  HEART	HARFOI  120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C  RET IRE  130. STREET ADDRESS  1010 OLD  AME  ADDRI  TLEY  APRES T	FALLS	26 KIND OF BUSINESS OF ALRY FARM 21047 TON KD.  LOGTS TON, MD.
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gove rise to immediate couse (a), stating the underlying couse last.	10/			FAILUR	E	
gove rise to immediate couse (a), stating the underlying couse last.	10/			MATICON	Ŀ	
couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF				
DART 2 OTHER SIGNIFICANT		1E /CE	ENAL FA	TLURE		
A -	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN II	N PART I/o
19a, DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?
				YES NO	YES [	] NO [
			21c. HOW INJURY OCCL	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19				
	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
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	10/10/	0.	1952	10	. 19	, that (I) (we
	ot) view the body after death.	, ,, , and		on death accurred on the d	ote and nour and	
226. SIGNATURE	awdy_	DE		MEDICAL STA	FF	221. DATE SIGNED
7.						10/18/80
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URIAL, CREMATION, REMOVA	1 1			_CITY OR TOWN		DUNTY STAT
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INERAL DIRECTOR E. BA				DS FALLST	DAY FIMIS	SSIGNATURE
	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINI 22d. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did in 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE  RAM GS H	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINER  22a. I certify that (I) (this hospital) at work  sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  22d. PHYSICIAN SNAME (TYPE OR PRINT)  RAM CSH RADD  URIAL, CREMATION, REMOVAL 23b. DATE  SPECIFY)	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINER  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22a. I certify that (1) (this hospital) attended the deceased/from sow the deceased alive on above, (1) (we) (did1 (did not) view the body after death,  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  RAME OF CEREBY)  URIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CE	OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINER  21n. PLACE OF INJURY (AT MOME, STREET, FACTORY OFFICE, FARM, ETC.)  22n. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.  22d. PHYSICIAN SNAME (TYPE OR PRINT)  22d. NAME OR CEMETERY OR CREMATOR'S PECIFY)  CURIAL, CREMATION, REMOVAL  23b. DATE  23c. NAME OR CEMETERY OR CREMATOR'S PECIFY)	OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHITE AT WORK AT WHITE AT WORK AT WO	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHITE AT WORK  NOT

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20M 4/82

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(	REGISTR DECEASED TYPE OR PRINT	NAME ROW	LAND WAXXXX	Hall	SHI	AW .	20 DATE KNO OF ES DEATH MA	ATED 12	30198
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20	FOREIGN COL	WN OF DEATH	U	104 DSPITAL, NURSING HOME	WIDOWED	DIVORCED [	HARI	FORD	
21	FALL	STON	FALL	STON GE	NERAL	HOSPITAL	PROSTOF WORKING	orge Tra	R INDU
	STATE	11. 136 5	COUNTY ARRORD	GIVE RESIDENCE BEFORE ADMISSING CITY OR TOWN	13d INS	DE CITY LIMITS? 13e S	TREET ADDRESS	Juytan	Rd Y
0 14.	FATHER'S FIRST W11	bur	Wesley	Shaw	15. MC	THER'S MAIDEN NA	WIDDLE	3	Shaw
160	WAS DEC (YES, NO, OR		S. ARMED FORCES? s, GIVE WAR OR DATES)	213-10-9		Elizabe	th B. Shen		on. Md.
		se (a) stating the <u>u</u> g cause last.	nder- DUE TO, O	R AS A CONSEQUENCE	OF				
TION	PART 2 0	g cause last. THER SIGNIFICANT CONDI	(c)	N BUT NOT RELATED TO INE YERM	SINAL DISEASE OR COND				
RTIFICATION	PART 2 0	g cause last.  THER SIGNIFICANT CONDI	(c)  OTIONS CONTRIBUTING TO DEATH	N BUT NOT RELATED TO INE TERM	IINAL DISEASE OR COND	ORMED?			20 AUTOPS
CALCERTIFICATION	PART 2 0	g couse lost.  THER SIGNIFICANT CONDITION  TE OF OPERATION  ERNAL CAUSE WAR  LYING	19b. COND 19b. TIME COND 21b. TIME COND 45 P.J. TIME COND 45 P.J. TIME COND 46 P.J. TIME COND 47 P.J. TIME COND 48 P.J.	N BUT NOT BELATED TO THE TERM  ITTION FOR WHICH OPER  OF INJURY  M. MONTH DAY YEAR  M. 19	RATION WAS PERF	ORMED?	er nature of injury i	IN ITEM 18 PART 1 OR P.	YES [
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Mrs. Elizabeth D. Shaw, Fallston, Md. 21

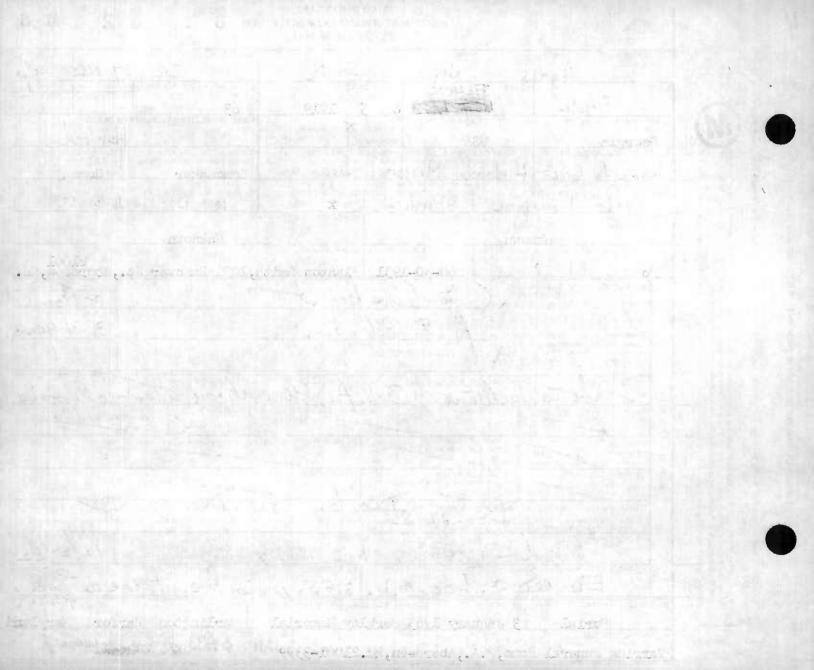
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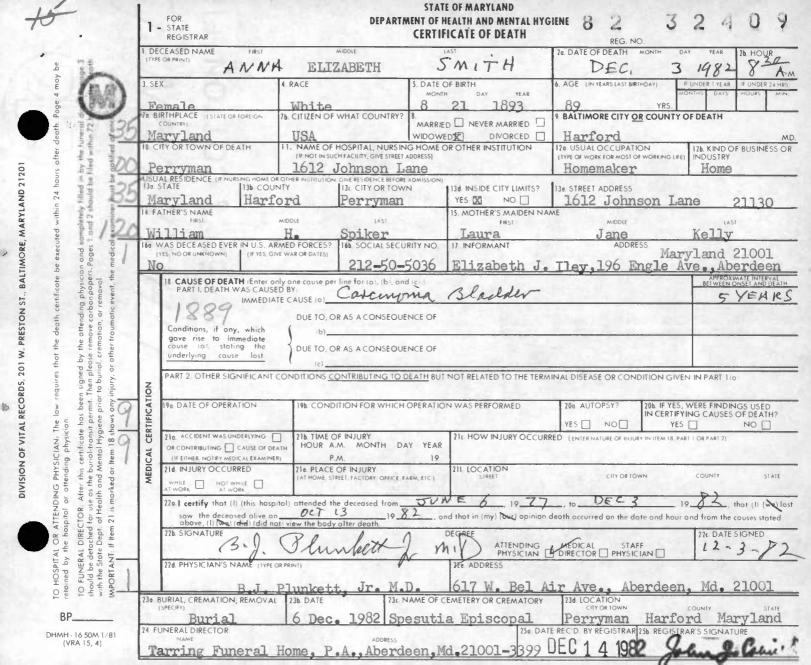
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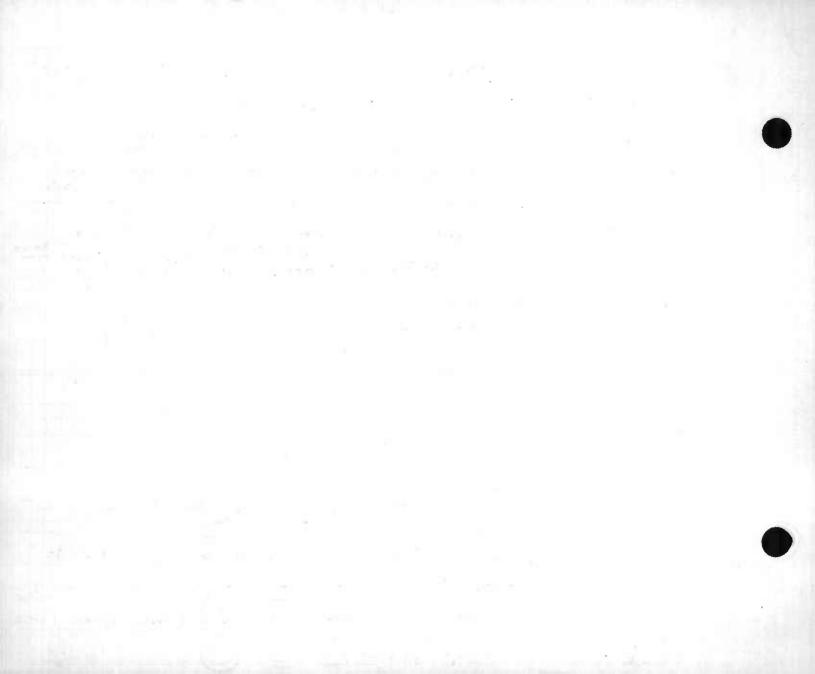
	1.	FOR		ATE OF MARYLAND F HEALTH AND MENTAL HY	GIENE 8 2	3 2 4 0 8
	11.	STATE REGISTRAR		TIFICATE OF DEATH	REG. NO.	0 4 1 0 0
ne.		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
deod deod	1	Agnes	NHN	Smith	Dic	27 1982 97
1	1.SE	Ferrale 1. RACE	176.041.75	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
and.		RTHPLACE (STATE OF FOREIGN 76. CITIZEN	OF WHAT COUNTRY? 8.	5 1919  RIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
	1 0		USA   wide	WED DIVORCED		Hartord ,
d a la d	10. C		OF HOSPITAL, NURSING HOM SUCH ACILITY, GIVE STREET ADDRESS)		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS C
4 80	USU	AL RESIDENCE (IF NURSING HOME OR OTHER INST FUT	ION, GIVE RESIDENCE BEFORE ADMISSA	L Hosp	Homemaker	Home
31 31	iāu.:	HA Harford	Aberden	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	a Novu St.
10	14.72	THER S NAME MIDDLE	LAST	15. MOTHER'S MAIDEN NA		EAST .
pub / 14		Unknown			Unknown	EAST
op de la		VAS DECEASED EVER IN U.S. ARMED FORCE: (ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE:		D. 17. INFORMANT	ADDRESS	21.001
en P	1	0	1 260-30-1937	IR anton Smit	h, 1090 Hanover	
mond went,	15	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	per line fortal, (b), and (c)	Arrest	7	2 / see &
or in		4212	OR A CONFEDURICE	FPI N		
roum		Conditions, if any, which gove rise to immediate	A. S. C.	V.D.		3-4 yea
crem ther			OR AS A CONSEQUENCE O	F		V
y, or o		PART & OTHER SANIFICANT CONDITIONS	GONTRIBUTING TO DEATH I	BUJ NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GWEN IN PART 10
2 1	NO.	Diebetes Inell	itus, C	V. A. Gene	palized ate	riosclessi
1000	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AU OPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
and of the	1 5	21g. ACCIDENT WAS UNDERLYING 21b. TIM	E OF INJURY	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
officer and the second	17.		P.M. MONTH DAY YE	AR 9		
1 2 2 2	MEDICAL	21d. INJURY OCCURRED 21e. PLA	CE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
th on the orker	1	WHILE NOT WHILE		1		0.
Theo a	1	22a.   certify that (I) (this hospital) and dec	CC, 2710 85=	and that in (my) (our) opinion	deoth occurred on the date and	hour and from the causes stated
hed for		above, (1) (we) (did) (did not) view the bo	odyfafter deoth.	DEGREE		TIL DATE SENED / /
Settoc T. H		Janger C	(LOOM)	M D ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12/27/8
OSTAN		224 PHYSICIAN'S NAME (TYPE OR PRINT)		22e ADDRESS	. 0 11	10
T A T		FOWARDC	, Loo, M.D	13195. LL	7 30/1	tore de grace
	23a. E	SPECIFY)		F CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	24. FI	Burial 13 Ja		kley Memorial	Darlington TERECTO BY REGISTRARIZED REC	Harford Maryla
6 50M 4/B2	Ta	rring Funeral Home.P	A. Aberdeen N	1 10	N - 3 1983 Joh	mit while





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	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 2	3 2 4	1
		EASED NAME FIRST	HAYS	Sr	51 n°ith	DECEMBER	13, 1982	25. HOUR
to s	3. SEX		1 RACE Whate	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24
within 72 hour	CC	RTHPLACE (STATE OR FOREIGN UNTRY)  MATSIANOL	76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	+ BALTIMORE CITY O	COUNTY OF DEATH	
	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY GIVE STREET 300 2 Rolling	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATK ITYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	F BUSINES:
and be	13e S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS? YES NO 🔯	13. STREET ADDRESS	Rolling GrEE	Drive
		THER'S NAME	MIDDLE LAST BAN		IS MOTHER'S MAIDEN NAME		DEVE	
		AS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU WAR OR DATES) - 214-26-1		Mr. J. Howard	300	2 Telling Grand	EBS 8
n signed by the attending Then please remave carb to burial, cremation, ar r injury, ar ather traumotic	NC	Conditions, if any, which gove rise to immediate cause tol, stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b) ADENO  DUE TO, OR AS A CONSEQUE  (c) CONDITIONS CONTRIBUTING TO	CARC/	NOM A COL		2 Y	
hos been prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	
E E E C 169		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR		Y IN ITEM 18, PART 1 OR PART 2)	
After this cose of the bure of the ord Me morked or the	WE	2)4 INJURY OCCURRED  WHILE NOT WHILE  AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOW	n county	STATE
DIRECTOR A sched for use o Dept. of Healt f them 21 is mo		220 I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	tal) attended the deceased from	72, one	d that in (my) (aux) opinion o	death occurred on the da	22c. DATE	causes state
0 70 4	_		Vacant and	m XV.	PHYSICIANI N	MEDICAL STAF	IAN [] DEC. 1	3, 198
TO FUNERAL DI should be detect with the State De IMPORTANT: If h		22d. PHYSICIAN'S NAME (TYPE OF	HELITAN, M.D.		22e ADDRESS		Air MARylAct	



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1	-	STATE REGISTRAR			CERTIFI	ALTH AND MENTAL H		REG. NO.	
		CEASED NAME FIRST	ee eile	WIDDLE	Soic	er	Decer		12 1982
-	3 SE		4. RACE		5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY	MONTHS DAY
M)	7a. BI	MALA RTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	6 MARRIED	28 7970  □ NEVER MARRIED □	72 9. BALTIMORE	CITY OR CO	YRS. DUNTY OF DEATH
Pal		rth Carolina	USA 11. NAME OF	HOSPITAL, NURSIN	WIDOWED		_         -	CUPATION	RKING LIFE) INDUSTR
900	AUSU/	Ire de LOTACE AL RESIDENCE (IF NURSING HO	HAY ME OR OTHER INSTITUTION	tord M	ADMISSION)	tospital	Homema	ker	Home
S C C	Ma		arford	Havre de	Grace	13d. INSIDE CITY LIMITS? YES NO 27 15. MOTHER'S MAIDEN 1			ın Road 2
120		ries	MIDDLE	Eller		Alice		MIDDLE	Caudi
medicol			S. ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SECU	auta t	17. INFORMANT Joseph C.Sp.	Hav icer.Jr.	re de	Grace, Me Rock Run J
ol, cremotion, arr		Conditions, if ony, whice gove rise to immediate cause (a), stating the underlying cause los	DUE TO, C	OR AS A CONSEQUI	ENCE OF	0.			
prior to buriol, crem ony injury, or other	CATION	gove rise to immediat couse (a), stating th	DUE TO C		DEATH BUT P		RMINAL DISEASE C	Y? 20b	. IF YES, WERE FIND
Hygiene prior to burial, crem 18 shows ony injury, or ather	CERTIFICATION	gove rise to immediate couse (a), storting the underlying couse los PART 2 OTHER SIGNIFICA 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	DUE TO, CO.  1. 195. CONDITIONS C	ONTRIBUTING TO I	DEATH BUT P		200 AUTOPS	5Y? 20b	D. IF YES, WERE FINE CERTIFYING CAUS YES
A Mentol Hygiene prior to buriol, cremor them 18 shows ony injury, or other	MEDICAL CERTIFICATION	gove rise to immediate couse io), stating the underlying couse los PART 2 OTHER SIGNIFICA 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CONTRIBUTION COURRED	DUE TO. CO.  19b. CONE  19b. CONE  19b. CONE  19b. TIME HOUR A MINER)  21b. PLACE	ONTRIBUTING TO I	OPERATION  AY YEAR  19	WAS PERFORMED	20a AUTOPS  YESN  JRRED (ENTER NATUR	5Y? 20b	D. IF YES, WERE FINE CERTIFYING CAUS YES
Mental Hygiene prior to burial, cremor them 18 shows any injury, or other	_	gove rise to immediate couse io), stoting the underlying couse los PART 2 OTHER SIGNIFICAL 190. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE CONTRIBUTION CONTRIBUT	DUE TO COLOR OF DEATH HOUR AMINER)  216. PLACE (AT HOME. S)  conspital) attended to the on the color of the c	ONTRIBUTING TO I	OPERATION  AY YEAR  19  FARM, ETC.)	WAS PERFORMED  21c. HOW INJURY OCCU	YES N	SY? 20b IN	D. IF YES, WERE FINE CERTIFYING CAUS YES TEM 18 PART 1 OR PART 2 COUNTY
e Dept. of Health and Mental Hygiene prior to burial, crem: If hem 21 is marked or Item 18 shows any injury, or other	_	gove rise to immediate couse on, stating the underlying couse los part 2 OTHER SIGNIFICAL SIGNIFICAL STATES OF OPERATION 216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING NOTIFY MEDICAL EXAMPLE AT WORK NOTIFY MEDICAL EXAMPLE NOTIFY MEDICAL EXAMPLE NOTIFY OF CURRED AT WORK NOTIFY COURSE.	DUE TO COLOR OF DEATH HOUR AMINER)  216. PLACE (AT HOME. S)  conspital) attended to the on the color of the c	ONTRIBUTING TO I	OPERATION  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCI	200 AUTOPS YES N  YES N  JRRED (ENTER NATUE	20b IN  20b IN  20b IN  20t OF INJURY IN IT  20t OR TOWN  20th Oate of STAFF	COUNTY  19 22. DA
ept. of Health and Mental Hygiene prior to burial, cremitem 21 is marked or Item 18 shows any injury, or other	_	gove rise to immediate couse io), stating the underlying couse los part 2 OTHER SIGNIFICAL PROPERTION  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CAUSE CONTRIBUTING CAUSE CAUSE CONTRIBUTING CAUSE CAUSE CONTRIBUTING CAUSE CA	DUE TO COLOR OF DEATH HOUR AMINER)  216. PLACE (AT HOME. S)  conspital) attended to the on the color of the c	ONTRIBUTING TO I	OPERATION  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCI 21l. LOCATION STREET  21h. tocation (STREET)  21h. tocation (STREET)  21h. tocation (STREET)	200 AUTOPS YES N  JRRED (ENTER NATUR  2 , to 2 on depth occurred of	SY? 20b IN  NO IN  E OF INJURY IN I	COUNTY  19 22. DA

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WiBroadway & Williams st

BE Air Maryland 21014

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DEC

FOR

21 FUNERAL DIRECTOR

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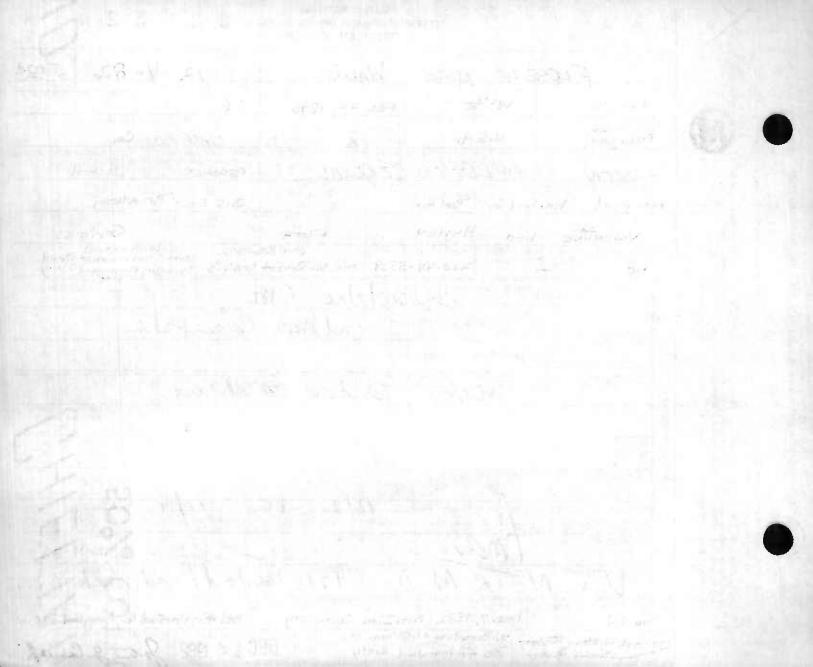
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(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH YEAR 26 HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY HOME MAKED FOUNTAIN 1 HOMPSON APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

STATE

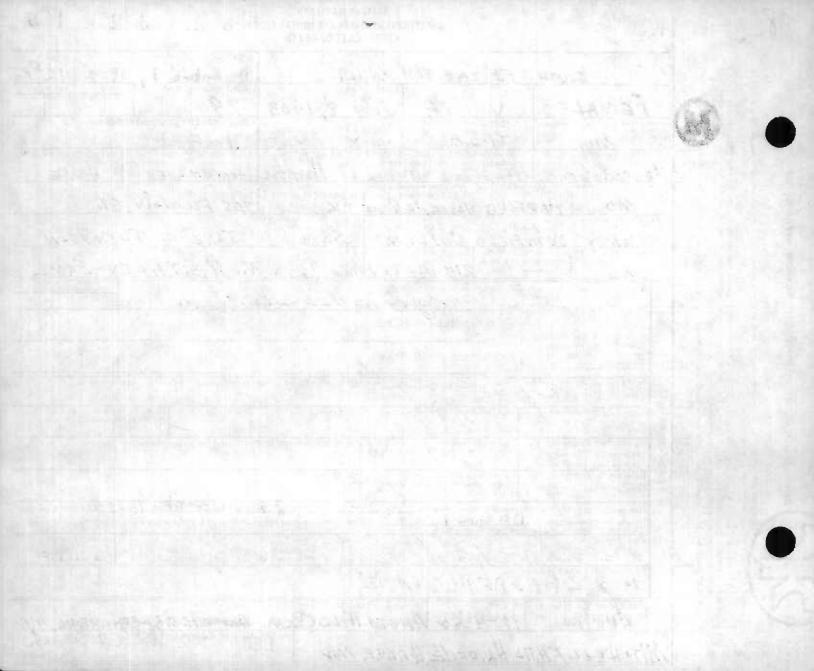
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22c. DATE SIGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR - STATE

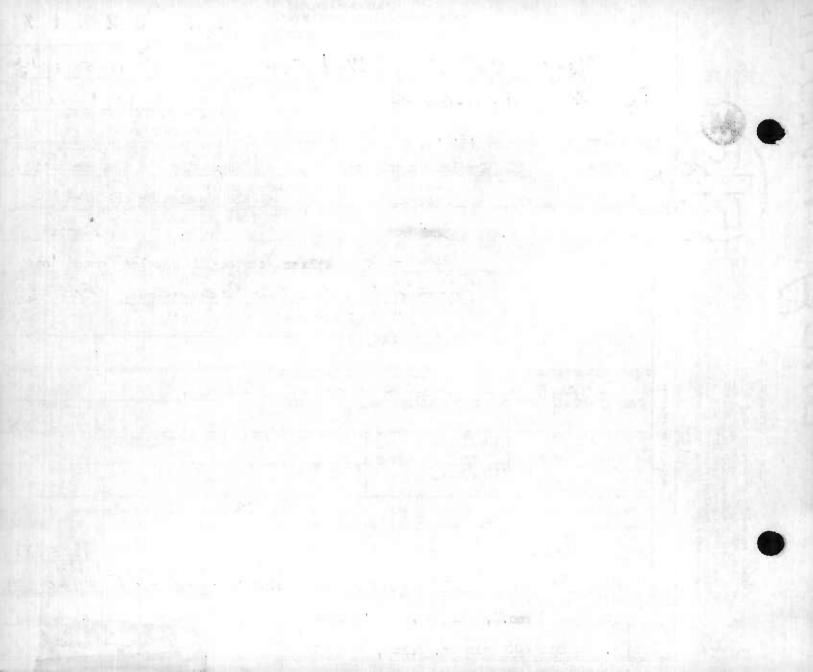
24 FUNERAL DIRECTOR



1.	FOR STATE REGISTRAR			DEPARTMENT OF	HEALT	H AND MENTAL I	DEDEATH 4	3 2	2 4 1	6
	ECEASED NAME		105-1	WIDDLE		LAST	20. DATE KNOW!	MONTH	DAY YEAR	26. HOUR
0.50		ALTCE	I sure or one	ORCAS	T.	WEAVER	DEATH MATED		27 19 2	- AM
1.50		4 RACE	5 DATE OF BIRTH	6. AGE (IN Y LAST BIRTH		NDER I YR. IF UNDER	MIN. PRONOUNCED	MONTH	DAY YEAR	24. 1100K
	emale	White			rs.		DEAD	12	-27 198	2 Jan
	BIRTHPLACE (ST OREIGN COUNTRY)	ATE OR	76. CITIZEN OF WE	AAT COUNTRY?	8. MARE	RIED NEVER MARE	RIED . 9. BALTIMORE CI	TY OR COUN	TY OF DEATH	
	ennsylva		USA			WED 🖾 DIVOR	TICL LOT U			MD.
1. (	CITY OR TOWN	OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FAI	PITAL, NURSING HON	E, OR OTI	HER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK	126 KIND OF B OR INDUS	
	hurchvi		310 Prie	stford Ros	d		Homemaker		Home	-
	STATE	IF IN NURSING HOME (		134. CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS?	13e, STREET ADDRESS			
	arvland		ford	Churchyil	le	YES X NO		rd Roa	d	
_	ATHER'S NAME		MIDDLE			15. MOTHER'S MAID	ENNAME	1100		
T	homas	Star	ckpole	Greenawal	t.	Christina	Alice		Smith	
0.	WAS DECEASED	EVER IN U.S. AR.		16b. SOCIAL SECURI	TY NO.	17. INFORMANT	ADDF			
M		WN) (IF YES, GIVE	WAR OR DATES)	212-71-63	52	Shirley A	Chu Turnbaugh 31	rchvil O Prie	le. Md.	21028 Road.
	18 CAUSE OF	F DEATH (Enter an	ly ane cause per line	far (a), (b), and (c).)					APPROXIMA	
	PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a)	Coro	NAM	1 Heart	Disease		BETWEEN ONS	ET AND DEATH
	1 42	292		AS A CONSEQUENCE	OF					
		is, ff any, which e ta immediate	(b)		CORO	NARY A	SUUD.			
	cause (a)	stating the under-	<	AS A CONSEQUENCE						-
	lying cau	se last.	(c)							
z	PART 2 OTHER SIG	INIFICANT CONDITIONS		IUT NOT RELATED TO THE TER	MINAL DISEAS	SE OR CONDITION GIVEN IN PA	ART 1 (a).	- 4		
ATIO	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION	VAS PERFORMED?			I20. AUTOPSY	Y2
FIC					0.50					111111
ERT	21a EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY	21c H	OW INJURY OCCUPPI	ED (ENTER NATURE OF INJURY IN ITE.	M 1R PART 1 OR B	YES .	но 🗌
MEDICAL CERTIFICATION	UNDERLYING	OR	HOUR A.M.	MONTH DAY YEA		- WOOM OCCORR	CO (STREET, MICHE OF HAJORI IN 115.		n 2)	
OIC	21d. INJURY O	G CAUSE OF	21e PLACE C	DF INJURY (AT HOME,	216 10	CATION				
ME	WHILE	NOT WHILE		ORY, FARM, ETC.)		STREET	CITY OR TOWN	co	UNTY	STATE
	AT WORK	AT WORK								
	22a. I certif	y that Ltook charg	e af the remains desc	cribed abave, held an	Autop	osy , Inspectio	in . Inquiry .	and in my a	pinian	
	death resulte	d fram: Natur	ral causes (	Accident , S	uicide _	Hamicide .	Undetermined manner	],		
		0	0/	7	,	TITLE (SPECIFY)				
	SIGNATURE_	Lucs	0/2	upol	N	1.D. Deneu	MEDICAL EXAMINER	DATE	12-2	7-85
			- 3					11	01100	me (
6	(TYPE OR PRIN	IT) LUI	1 E.K.	ENIEL		ADDRESS 464	alliance 1	1- 17	Had-2	107/100
3a.l	BURIAL, CREMAT	ION,REMOVAL 2	3b. DATE	23c. NAME OF CE	METERY C	OR CREMATORY	23d. LOCATION	con	LITY	
	Bur	al	12/29/82	Churchy	ille	Presbyteni	an Churchvill			vland
	UNERAL DIREC	TOR				250. DATE	REC'D. BY REGISTRAR 176. R	EGISTRAR'S	SIGNATURE	)
T.	arring I	Tuneral H	Home P.A.	Aberdeen, M	d.210	001-3399E	291982	mos	while	
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	- 5	OR TATE			DEPARTMENT OF DICAL EXAMIN				EATU 4	3 2	4	1
T		EGISTRAR EASED NAME	FIRST	74121	WIDDLE	JEK 3	LAST	AIL OF D	2a. DATE KNOWN		DAY YEAR	2b HO
I	(TYPE	OR PRINT)	Mary	Cel	este	W.	e b st	er	OF ESTI- DEATH MATED	6 12	5 1985	1/2/
3.	SEX	- 1	RACE	5. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD	ARS IF UN	NDER 1 YR. IF	UNDER 24 H		MONTH	DAY YEAR	
L		te	W	11-10	10000 011	RS. MONT	HS DAYS F	HOURS MIN	DEAD	12-	5 1982	153
1		THPLACE (STA	TE OR	76. CITIZEN OF WI		8. MARR	IED   NEVE	R MARRIED	9. BALTIMORE CIT	_		00
1		Maryla			S.A.	WIDOW		DITORCED	□ Harford		•	1
1	<b>1</b>	ORTOWNO		(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)				USUAL OCCUPATION FOR MOST OF WORKING LIFE!	TYPE OF WORK	OR INDUS	TRY
		lesvill RESIDENCE U			eler School		L		Housewife		Domes	tic
1	3a. ST		Har:	1TY	Pylesvill		13d. INSIDE CITY YES		STREET ADDRESS 28 Wheeler S	School	Road	
6		HER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN N.	AME		LAST	
ľ		ichard		J.	Wright		Mary		М.	117	Flahar	ty
1		AS DECEASED, NO, OR UNKNOW NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	218-54-13		Walte:	r Webs	ter 228 Whe	Pyle eler S	sville, chool R	MD oad
		gave rise cause (a) s lying cause		DUE TO, OR	AS A CONSEQUENCE		E OR CONDITION G	GIVEN IN PART 1 10	11. . sea - 0			
1	ATIO	190. DATE OF C	PERATION .	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMI	ED?	rese		20 AUTOPS	Y?
4	CERTIFICATION			500							YES 🗆	NO
3		21a. EXTERNAL UNDERLYING CONTRIBUTING	_		MONTH DAY YEA		OW INJURY O	CCURRED (E	NTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PA	ART 2)	
	¥		NOT WHILE [		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION		CITY OR TOWN	cc	DUNTY	STAT
		22a I certify death resulted ACTUAL SIGNATURE		ge of the remain, des	Accident , So	Autop	Hamicid		Inquiry , ndetermined manner .	and in my a	11/5	182
4		EXAMINER'S N	IAME SON	ruel H.	Henck	m,D.	ADDRESS	Whit	te ford,	ma.	21160	2
2	3a.BU	ECIFY	ON, REMOVAL		23c. NAME OF CE				d. LOCATION CITY OR TOWN			STATE
-	24. FU	Buria NERAL DIRECT		Dec.8,198	32 St. Mar	y's (	emeter 25		Pylesville	Har EGISTRAR'S	ford	MD
	-	NAME		600 Main	St. Delta,	PΔ		DECE	1982	and	Comily	2
	0	11 •	"IOTIVITIES	Joo Haill	Do. neroa	IH	エノフエヤー					

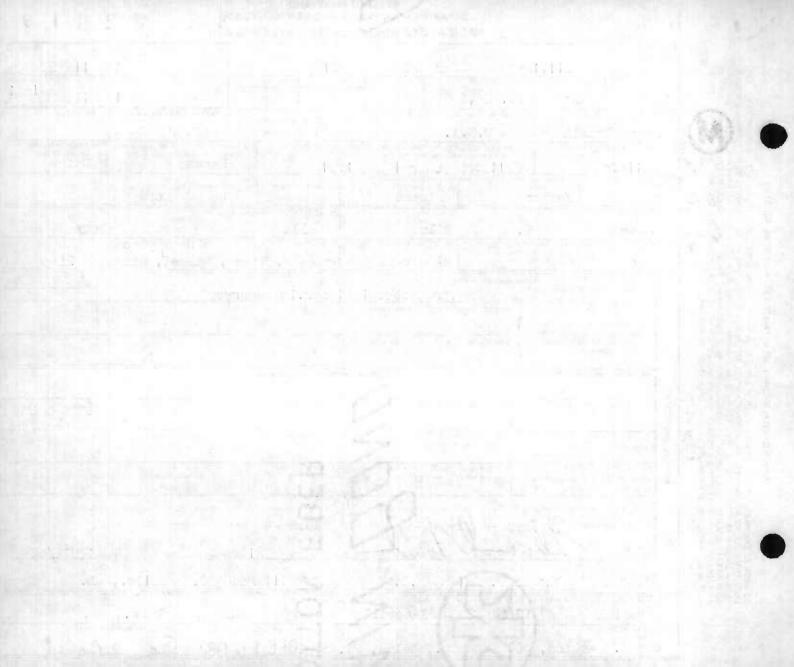


6009 Harford Rd., Balto., Md.

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		TATE		AAFE	PEPAKI	MENI OF	HEALIH	AND MENTAL P	TYGIEN	5., 2	3 2	63	9
		REGISTRAR	FIRST	MEL	MIDDLE	EXAMIN		EKTIFICATE	)F DEA	REG.			
		CR PRINT)	7 (10)						123	20. DATE KNOWN OF ESTI-	HTMOM K	OAY YEAR	26 HO
2 1			Will		Herb			iley		DEATH MATED	12	119 8	
76	SEX	4. RA	CE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA		DER 1 YR. IF UNDER	24 HRS.	PRONOUNCED	HINOM	DAY YEAR	1.2
10	Ma	100	nite	Nov. 20,1		75 YR	RS.	DAYS HOOMS	Mus,	DEAD	12	111,9 8	2
A	FOR	THPLACE (STATE OF		76. CITIZEN OF WH		TRY?	8. MARRII	ED X NEVER MARR	IED 🗌	9. BALTIMORE CITY	_	Y OF DEATH	
1)	F	ennsylvar	nia	U.S.	Α.		WIDOW	-		Harford	County		,
25	D CI	Y OR TOWN OF DE	ATH	11. NAME OF HOST			, OR OTH	ER INSTITUTION	120 US1	MAL OCCUPATION (	TYPE OF WORK	126. KIND OF B	USINESS
Z		Fallston		Fallston			ospit	ra l		Farmer	700	Dairy	
	ISUA 3a. S1		136 COUN	OR OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSIO	(NC	T3d. INSIDE CITY LIMITS?	112a STD	REET ADDRESS			
5		ryland	Harf	ord		reet		YES NO X	37	05 Ady Ro	ad		
		THER'S NAME						15 MOTHER'S MAID					
10		Joseph		MIDDLE .	Wil	AST OV		Ella		WIDDLE	Ma.T	lone	
	6a W	AS DECEASED EVE	R IN U.S. AR	MED FORCES?		IAL SECURITY	Y NO.	17 INFORMANT		3705 ART			
1	(YE	S, NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218.	-32-188	39	Grace P. W	lilev			and 211	54
" F			TH (Enter on	ly one couse per line				diaco II ii		, 501000,	11002.3.20	APPROXIMA	
		PART I DEATH,	WAS CAUSE	D BY: Dur			minal	aortic a	nour	.cm		BETWEEN ONS	ET AND DEA
21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		4414	IMMEDIA	in choose (a)				aoi i i c ai	neury	/5111			
2		Conditions, il	anu which	DUE TO, OR	AS A CON	SEQUENCE (	OF.						
		gove rise to	immediate	(b)									1000
		couse (o) statis		DUE TO, OR	AS A CON	SEQUENCE (	OF						
				(c)									
		PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO DEATH	IUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PA	LRT 1 (a).		75 74		
	O						-						
1	MEDICAL CERTIFICATION	19a DATE OF OPE	RATION	196 CONDIT	ION FOR	WHICH OPER	ATION W.	AS PERFORMED?	200			BONTOPS	SNIY
	TIFE											YES X	NO [
3	CER	210 EXTERNAL CA		216. TIME OF		DAY YEAR		OW INJURY OCCURRE	ED IENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	(T 2)	-
¥ J	AL	UNDERLYING CONTRIBUTING	OR CAUSE OF		MONTH	I9	5						
	EDIC	214. INJURY OCCU	_	21e PLACE C		(AT HOME,		CATION					
	X	AT WORK AT	T WHILE	STREET, FACT	ORY, FARM, E	(C.)	5	TREET		CITY OR TOWN	cou	INTY	STATE
AU							BODY	ONTY					
		22a I certify tho	t I took chor	ge of the remains dead	ribed obo	ve, held on	Autops	sy A.T. Inspectio	n L,	Inquiry L.J.	and in my opi	inion	
		death resulted fro	m: Nay	couses X.	Accident	L. 190	icide 📙	, Homicide	Undet	termined monner	],		
2		ACTUAL	NV	lox. X	K	X		TITLE (SPECIFY)			DATE		
-		SIGNATURE	N	Dusonic	AM	MIT		Deputy C	hiened	DICAL EXAMINER	SIGNE	D 12/12/	/82
7		EXAMINER'S NAM	F T1	5 0	• • •			111	0	01 0		MD	
ha		(TYPE OR PRINT)	inc	mas D. Sm	ITN,	M.D.		ADDRESS			Ito.,		
7	3a.Bt	RIAL, CREMATION	REMOVAL					RCREMATORY	23d. LC	OCATION ORTOWN 1ta, York	COUN	11Y :	STATE
		Burial		12/14/82	S:	latevi.	lle C	emetery					
		NERAL DIRECTOR		ADDRESS				A TANK DATE OF		Y REGISTRAR 256 RE	GISTRAR'S SI	IGNATURE	
)	Jo	hn H. Har	ckins,	600 Main	St	Delta	, PA.	17310EC	15	1982	2. 9.	Capiel	
-	_								- 4		-		



. 16	1-	FOR STATE REGISTRAR				STA MENT OF EXAMIN	HEALTI		ENTALH	YGIEN F DEA	8 <sub>H</sub> 2	REG.	3 2	2 4	2	0
•		CEASED NAME	FIRST		MIDDLE			LAST				KNOWN	_	H DAY	YEAR	26 HOUR
2848	(111)	E OR PRINT)	JOSEPH	+ Ham	ilton		WI	LL I AMS	5		OF DEATH	ESTI- MATED		18	19 82	
N STREET	3. SEX		White	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD.	ARS IF UI	DER I YR.	IF UNDER		2c. DATE PRONOUN DEAD	CED	MONTH	DAY	YEAR 19 8 2	24 HOUR 5: 15
330	Ja BI	RTHPLACE (STATE REIGN COUNTRY)	· M.		AT COUN		1	IED X NE	VER MARRI DIVORCI	ED	9. BALTIMO		Count	NTY OF D		<u> </u>
PAGE 5	-	TY OR TOWN OF	DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE Fallsto	ILITY, GIVES	TREET ADDRESS)			TION		AL OCCUP MOST OF WORK	ATION (	TYPE OF WORK	12b KIN	Paper	Y
ANY DE ANY DE ANY DE ANY DE ANY DE PETAIN SECOND DE PETAIN DE PETA	HSU/		NAME OF BALL	OTHER INSTITUTION, GIV	RESIDENCE	PRIOWN	ON)	13d INSIDE CI	ITY LIMITS?		848 M		ed Av		_	
KE, MD.	14. FA	ATHER'S NAME FIRST HE	rry Will	iams		LAST		15. MOTHE	R'S MAIDE	N NAME	a Lig	ntre	r		AST	2/222
MALTIMO S AFTER E GIVE PAG TH FORM PAGES I, WESTON O	16a, V	VAS DECEASED E	(IF YES GIVE W	ED FORCES?	216	-20-89	65	M'S.	Kath	erin	e Mi	ADDRE	iams	- 848	3 Mil	dred
AL RECORDS, 201 W. PRESTON ST.  VULD BE EXECUTED WITHIN 24 HOL  "PENDING" IN PENCIL IN ITEM 18  EF MEDICAL EXAMINER ALONG SED AS A BURIAL-TRANST PERMIT  "HEALTH AND MENTAL HYGIENE,  AL, CREMATION, OR REMOVAL.	Z	Conditions, gove rise cause (a) sto lying couse I	IMMEDIATE  if any, which ta immediate ting the under- ost.	CAUSE (o) Ar  CAUSE (o) Ar  (b) DUE TO, OR A  (c) ONTRIBUTING TO DEATH B	terio AS A CON	OSCLETO ISEOUENCE (	OF OF				disea	ase		BETW	PROXIMATE LEEN ONSET	AND DEATH
ITAL RECO HOULD BE INDEPENDENCE OF HER MEDI CHE MED CHE MEDI CHE MED CHE MEDI CHE MEDI CHE MEDI CHE MEDI CHE MEDI CHE MED CHE	CERTIFICATION	19a DATE OF OP	ERATION	196 CONDITI	ON FOR	WHICH OPER	ATION W	'AS PERFOR	MED?			П		₿₽₽,	SY SOUTH	LY NO []
DIVISION OF VITAL RESTRING THE WORD "PERTING THE WORD" PERTING THE FALLE AS SHOULD BE USED, E DEPARTMENT OF HE OF PRIOR TO BURIAL, OF PRIOR TO BUR		210 EXTERNAL C UNDERLYING CONTRIBUTING	OR			DAY YEAR	21c. H	OW INJURY	OCCURRE	D (ENTER N	LATURE OF INJU	URY IN ITEM	18 PART I OR		XX	
- 254014	MEDICAL	21d INJURY OCC WHILE AT WORK A	OT WHILE T	21e. PLACE O STREET, FACTO	F INJURY PRY, FARM, E	(AT HOME,		CATION			CITY OR TOW	/N	C	OUNTY		STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWA AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21;	23a B)		nat I took chorge rom: Natura ME Ann	M. Dixor	Accident M.	), su		Hamic TITLE (SI D. ASS	PECIFY)	Undete	Inquiry ermined mail CAL EXAM St., B.	nner		E NED_12		-82
0000 BP	24 FU	Burial JNERAL DIRECTO	R /	2-22-82 c-6415 Be	Sa	cred H	eart 1206	of Ma	ru (e	CITY O	Bal- REGISTRAN	to.	M GISTRAR'S	SIGNATU	JRE .	KTE .

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	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	3	2 4	2
death		CEASED NAME FIRST WILL	a '	MIDDLE	Win	nter	20. DATE OF DEATH	MONTH DA	182	12 53
	J. SE	Female	4 RACE Whit	te	5. DATE O		6. AGE (IN YEARS LAST BI	YRS.		HOURS MI
Par selection		RTHPLACE (STATE OR FOREIGN COVE, N. )	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWS	NEVER MARRIED DIVORCED	P. BALTIMORE CITY S	_ \	OF DEATH	
by the fur filled with montified		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN CHEACILITY GIVE STREET CON GEN.	IG HOME ( ADDRESS) HOS	DR OTHER INSTITUTION	120. USUAL OCCUPA (TWHE OF WORK FOR MOSS). House wif		HOME M	BUSINESS O
filled in sould be		AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	or other institution inty	Belair	ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13108 Regen	t Dr. 1	Belair,	Md.
ampletely and 2 st	14. FA	George	MIDO	Cresser		Helen	WIDDLE		plawski.	
Pages 1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	119-26-1		Mr. Jackson 1	B. Winter,		Regent r, Md.	
requires that the en signed by the Then please rem or injury, ar ather it injury, ar ather it.	NOIT	gave rise to immediate couse IoI, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	conditions <u>c</u>		DEATH BUT					
the law in an in a	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		WERE FINDING ING CAUSES O	
PHYSKCIAN: T nding physici his certificate e burial-transi d Mental Hygi l or Item 18 sh	MEDICAL CE	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED	P 21e. PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F	19	211. LOCATION STREET	RED (ENTER NATURE OF INJ		RT I OR PART 2)	STATE
or offer offer of Health on 21 is marked	~	white NOT WHITE 220.1 certify that (1) (this has saw the deceased alive or	pital) attended tl	he deceased from		, 19, 19	, to death occurred on the c			nat (I) (we)
by the hosp by the hosp ERAL DIREC e detached State Dept ANT: If them		obove, (Hinne) (did) (did of 22b SIGNATURE  ONCO NATIONAL  22d PHYSICIAN'S NAME (TYPE	\$ 2	De	lav	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STA	AFF CIAN (	12 DATES	IGNED // PZ
to HOSPITAL TO FUNERAL should be det with the State WIPORTANT:		PANAYIONS	1.51	TARAS		1810 BELA	77	ALLS	TON MO	12109
BP		BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	23b DATE 12-7-			Memorial Gar	Belair	Harf	ord	Md. STATE
H - 16 50M 4/82 (VRA 15, 4)	D.F.	lessaly 1	1717	Md. 27087 5.0 / Feld	rei /	Zel DE	EC 1 4 1982	John REGISTR	AR'S SIGNATU	helf

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